Clinical Lectures
ON THE
NERVOUS MIMICRY OF ORGANIC DISEASES,

Delivered at St. Bartholomew's Hospital,

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LECTURE V.

ON NERVOUS MIMICRY (NEUROMIMESIS) OF DISEASES OF THE SPINE.

GENTLEMEN,—For the next group of cases of neuromimesis, or nervous mimicry, I will take those of Diseases of the Spine. They are nearly as frequent as the imitations of diseases of the joints; and their diagnosis, of which alone I shall speak, may be studied in the same way: weighing the evidence of each of the chief local symptoms, and then adding or subtracting whatever may be gathered from the patient's constitution and the history of the case.

The chief things to study in the spine are pain, stiffness, weakness, and deformity.

As to pain,—spinesche and backache, often not distinguishable, are perhaps the most common sufferings of the whole class of hysterical and other such nervous patients. Few escape them. But, then, similar pain is so common in other patients besides the nervous, and is found in so many and so various diseases, that pain alone can rarely decide a diagnosis. I must leave out of the question all the "backaches" that belong to lumbago, rheumatic gout, uterine, ovarian, renal, and other maladies, and try to answer for you only this: Are there any characters by which we may distinguish between pain that signifies real disease of the spine and pain that mimics such disease?

Well, we cannot always do so. There is no pain which is characteristic of real spinal disease—no manner of pain which may not be closely mimicked; but, in many cases, the nervous mimic-pain has characters which are not all found together in real disease of the spine.

Nervous spinesche is often described as very severe—raging, racking, as if the back were breaking, and so on. Now, such pain as this does not occur in real spinal disease, unless when the pain of some slight disease is immensely exaggerated in a nervous constitution, or in the acutest form of inflammation of the vertebræ—a very rare disease, always associated with serious general illness and impaired mobility of the spine. If there be no considerable attendant illness, an intense and horrible pain in or at the spine does not mean serious disease of the spine. I do not say that such pain is always merely "nervous" when it is the only wrong complained of. It may be due to aneurism, or cancer, or to some distant malady in a nervous constitution; but, unless in the two cases I just now mentioned, it is not a sign of spinal disease.

And this negative becomes the stronger when with such a pain there is excessive tenderness of one or more parts of the spine. Some tenderness on pressure of spinous processes may be found with real disease of the spine or cerebro-spinal membranes; but excessive tenderness is not. This is rather characteristic of merely nervous disorder, of the so-called spinal irritation, and usually you find it, not at one, but at two or more parts of the spine, most frequently between the scapulæ and at the loin. At these tender spots the nervous patients cannot bear to be touched; they flinch and writhe when the finger taps or presses them very gently. You may be nearly sure that there is no disease of the spine when you see this, or when the tender parts of the spine are not painful in moving or in coughing or sneezing. And you may be quite sure, I believe, when a light blow or pressure produces more pain than a hard one, or when you find the same pain or flinching if the skin over or near the spine is pinched without pressing on the spine itself.

Again, the merely nervous pain is usually variable, though it may be never wholly absent; and its variations seem to be more dependent than those of real diseases are on disorders of distant organs, as the ovaries or uterus, the colon or rectum. In these variations the pain may seem paroxysmal, but I think it is not often so of itself.

Another usual character of this pain is its frequently extreme increase in fatigue, not only in bodily fatigue, as in long sitting upright or standing, but in long occupation of any kind, even in mental occupation if it is not very agreeable. With this character, also, it is common for the pain to be accompanied by nausea or even vomiting, and it is a nearly sure sign of merely nervous disorder if pressure on the spine produces shivering or nausea, or a feeling of going to be sick.

And, lastly, it is a sign of nervous pain alone if the pain has lasted many weeks or months, and nothing has come of it; no immobility of the spine or ribs, no paralysis, no fever, or wasting, or great disturbance of the general health.

I think you may be sure that a patient in whom you find all or most of these characters of pain in the spine has not spinal disease. But you will find many with pain like enough to this to excite suspicion, but not nearly like enough for conviction; many in whose cases the diagnosis must rest much more on other signs than that of pain. Among these, let me warn you that the greater danger is that of thinking cases to be mimicries of disease, or "muscular," or "only rheumatic," when they are really serious organic diseases of the spine or of parts within it. I will try to diminish the danger of being wrong in either direction by mentioning some of the more frequent groups of cases difficult of diagnosis.

The curvatures of the spine that occur frequently in young persons are often painless, are seldom very painful, and have no characteristic pain; yet pain of any kind should always lead you to examine for curvature, and to suspect, if there be curvature already, that it is increasing. And the same rule should be observed with older patients; for it is not extremely rare for lateral curvature to begin after middle age, nor at all rare for it to increase at any period of life. In either case there may be pain, for which the spine should be often looked at for signs of disease more characteristic than the pain alone can be.

Aching spines are common in men with very nervous constitutions—in such as might be called hysterical with as much justice as many women are. Especially they are common in such men from thirty to fifty or more, and in women who retain their nervous or completely hysterical constitution to the middle or later times of life, and in whom, very probably, it is mingled with gout. There are far more cases of this sort in the cultivated classes of society than you are likely to suppose. Men and women of mature, or post-mature age, with spines whose nervous achings disable them from active life—at least from active bodily life; for in some of them the mental life is as active as if it really took their whole nervous force for its own use. They suffer severely, are painfully fatigued with exercise, have no comfort unless when they are lying down or reclining with their backs firmly supported; even slight manual work tires them: and yet in some of them the mind seems incapable of fatigue, or it only tells its fatigue in some increase of their spinesche, or in feelings of nausea or vomiting. In many of these cases the diagnosis is not difficult: the nervous constitution is very strongly marked, and, after months or years of weariness and ache, you find the spine as straight, strong, and pliant as ever.

And yet among these are the chief cases in which you must be on the watch, lest you overlook a really diseased spine; for, among elderly persons, you may not only, as I have said just now, find cases of beginning or increasing lateral curvature, but, occasionally, one of disease leading to angular curvature, setting in very insidiously like a case of nervous pain or chronic rheumatism. The first sign of this is, usually, a constant aching, which is sometimes even severe, fixed to one part of the spine, or radiating from it, or extending round the sides; and there may be some tenderness. But, chiefly, you may know them by the diminished mobility of the affected part of the spine and of the adjacent ribs. The patient holds the affected part of the spine as still as he can, when he turns or bends. If he coughs he does it carefully, and sneezing is very painful. If the dorsal portion of the spine be affected, the corresponding ribs scarcely move; if the cervical, pressure on

the top of the head is often painful. After some few weeks of such pain, yielding of the spine may become evident. If the patient is the first to notice it, he feels himself stooping, or obliged to support himself with his hands, or not so tall as he was; and, when you strip him, you may find two or three vertebral spines projecting in an incurable angular curve.

These things, you see, are much the same as those by which you recognise the progress of many cases of caries of the spine in children and young persons, and I suppose that this disease in elder persons is of the same kind. But I have not yet seen a fatal case or one examined after death; and I have seen only one in which abscess was associated with the angular curvature.

You may make another group of cases from other patients, in whom a strain of any part of the spine is followed by a very long abiding pain. Some of these will tell you that at the strain they felt, or even heard, something crack, and that they have had pain and weakness ever since—aching, wearing pain, increased by exercise, or in certain postures. Here again I must advise caution, especially when the injury is recent. In a large majority of these cases the long-abiding pain and other signs of spinal disease may be referred to the same nervous mimicry as we see in those whose sprained knees or ankles remain for weeks or months painful and weak, yet without disease. But in some the pain continues because, as may happen in an injured joint, the injury has been followed by inflammation; and this may be of serious form. The pain alone will not prove it; but you may be afraid of it when you find diminished mobility of the spine or ribs, great pain in coughing, greater in sneezing; and much more afraid when you find occasional or constant fever, and loss of weight and general strength. In short, for the diagnosis between the real and the mimic diseases following such injuries of the spine, you may study by the rules which are more easily learnt in the similar affections of the joints.

It is happy for our need of diagnosis that the impairments of the mobility and strength of the spine are more significant than its pains. The spine or any part of it, when really diseased, is often stiff and weak, though other signs of disease are absent or ill-marked; in the mimicry the mobility is often perfect, though other signs are vehement.

Fixity of the spine or of any part of it is extremely rare in any nervous mimicry. I will not say that it is never seen, but it is so rare that when you find a patient carefully—not with muscular spasm, but with care—holding his head and neck or any part of his back very still, turning himself or bending cautiously, you must look for disease of the spine. There may be muscular rheumatism, or inflamed cellular tissue, or abscess, or whatever else may give pain in moving; but there is not likely to be only a nervous mimicry of spinal disease.

This fixity of spine is the more significant of real disease the less the attendant pain. Still more so is it when the ribs connected with the suspected and stiff part of the spine are also motionless or too little moved in breathing, and when the breathing is chiefly diaphragmatic. There may in this case be disease within the chest—perhaps the pleurisy that is often associated with acute inflammation of the dorsal part of the spine; or it may be very uncertain what disease of the spine there is; but it is very nearly certain—as certain, I think, as any diagnosis of unseen disease—that there is not a mere mimicry. Whenever you are told of "spinal irritation," "hysteric spine," or whatever else an unreal disorder at the spine may be named, look carefully to the mobility of the spine and ribs; if it is impaired, look much further before you venture to conclude that the malady is only nervous.

The very opposite state of the spine, in which it is all limp, so that when the patient tries to sit up, he, or more often she, bends or tumbles this way or that, like a baby, is nearly certain to be without organic disease. There may be real paraplegia; if there be not, you may believe the weak tumbling spine is in itself healthy, though it may contain an idiotic spinal marrow; as a good skull may hold very foolish brains.

A feeling of weakness or giving way at one part of the spine is ambiguous. It is often complained of in neuro-mimesis; but it is also often present in carious or other real disease of the spine. It must always be considered likely to be a grave symptom if the patient habitually, and almost unconsciously, helps to support the spine with the hands or elbows as he sits. Of course this self-supporting posture may be either unintentionally or on purpose imitated in a nervous mimicry; but it so often has a real meaning that it must not be made light of, unless all other evidences of mimicry are clear.

You will often find that with this weakness of one part of the spine there is some distress in moving it. The patient does not willingly rise or turn in bed, and if he walks he does it slowly, often stooping or leaning forwards, going stiffly or shuffling, not staggering or unsteady, unless the spinal marrow be involved in the disease. This sign is, I think, less rarely mimicked than the last; the two together are weighty evidence for real spinal disease, and if defective movement of the ribs be added you had better believe that the spine is certainly diseased; whether with struma or rheumatism, or whatever else.

The other leading sign for the diagnosis between real and mimic diseases of the spine is in its shape. Is it misshapen, wrongly curved, or in any way deformed? If so, it probably is or was really diseased; and yet even here there is room for error.

An angular curvature of the spine—I mean such backward outstanding of one or more vertebræ as is due to thinning or loss of substance of their bodies or intervertebral discs—is, I believe, quite inimitable by any nervous or muscular condition. But in not a few persons you will find that one or two vertebral spines naturally project a little, or are placed a little to one side of the exact line or curve in which they should be. This is most often seen in the lower dorsal and lumbar part of the spine; but it is so little like disease that it would be unnoticed if spinesache or some fright about curved spine did not call attention to it. I think you will seldom have any difficulty in distinguishing this natural error from any effect of disease.

A lateral curvature of the spine may be imitated by disorderly muscular action; not, indeed, perfectly, yet nearly enough to be often deceptive. Spasmodic wry-neck is well enough known, and may imitate the distortion of considerable disease of the cervical part of the spine. Lateral curvature of the dorsal and lumbar parts from similar muscular disturbance is much rarer, but you may expect to meet with it; and you may often detect the mimicry by noticing that the curvature has formed very quickly or even suddenly, and has become marked or extreme in so short a time as could not have sufficed for a real lateral curvature. A few days will make an imitation-curvature stronger than as many months will make a real one. Besides the mimic curvature is not a perfect likeness. It is sometimes single, though very marked; real lateral curvatures, if very marked, are at least double; and the vertebræ are little or not at all rotated, as they are in well-marked real lateral curvatures. If these signs of distinction are not enough, ether or chloroform will help. You can straighten the mimic curvature when the muscles cannot act; you cannot so straighten a real curvature.

Other deformities of the spine may be imitated by hysterical and other such persons. The spine may be rotated without curvature, or drawn to one side, so as to go up obliquely from the pelvis; or in those with very weak, limp spines there may be, when their trunks should be erect, an appearance of an uniform posterior curvature. But I believe you may easily detect the mimicry in all these. Most of them are extravagant, going beyond almost any real deformity of the kind that such a patient could have; and, almost always the wrong may be righted by putting the patient in some unusual position, as lying very flat on the back or front, or with the hands touching the feet, or hanging on a swing. By these, or the like means, you may out-trick the trickery of the muscles.

One thing more: you will often be consulted about irregularities of the scapulæ. Lady mothers are always watching their daughters' shoulders (happily for sons, theirs are neglected), and any unlikeness of the shoulder-blades, such as one being higher, or further back, or smaller, than the other, is an alarm of curvature of the spine. The alarm is usually premature or false. A difference between the scapulæ may be due to muscular trick or awkwardness, or overwriting with the shoulder pushed up, or any of several other things; but if you cannot see in the spine or ribs some wrong curvature, rotation, or other misshape, the

position of a scapula does not prove it. Still, these and the like cases are often hard to advise in, for the higher education of girls is apt to promote all those things which are favourable to the production of both real and mimic diseases of the spine. Wearisome mental occupation; long writing, with the spine twisted and the shoulder thrust up; long upright sitting, fatiguing drill, and calisthenics; denial of most natural exercises, and of rests at will, or in any easy posture which is thought ungraceful—these and the like things in the education of girls are equally favourable to the development of the nervous constitution, and to the production of various backaches, and to the deforming of the spine. You must do your best in all such cases to discern what is real, and what is mimic. I can give you no general rules about them.

In trying to teach the diagnosis between the mimic and the real diseases of the spine, I have purposely spoken of only those signs which are usual in the early stages of the real diseases, for it is only in these early stages that the diagnosis can be difficult. A well-marked unalterable deformity of the spine leaves no question about mimicry, unless it be about the nature of some accompanying pain. The appearance of swelling, like a chronic abscess, by the side of the spine or in the groin may not make you sure that the spine is diseased, but at least it answers any questions about mimicry; and so do hectic fever, and habitually high temperature, and constant wasting. These things need no teaching; but I must speak of one more set of symptoms—the paralytic, the losses of sensation, or more frequently of muscular power, in the limbs,—which may be associated with diseases of the spine. I must refer to them, though I believe they very rarely give help in diagnosis. For paralysis due to disease extending from the spine to the spinal cord is very rare, except in the later stages of disease, and of these the evidence is clear enough without the paralysis. And when paralysis happens in what you may suspect to be the beginning of disease of the spine, it will very seldom help you, for you cannot tell that which is due to disease commencing in the spine from that which is due to disease commencing in the cord. And, lastly, if you are suspecting a mimicry of disease of the spine, here, again, paralysis may not help the diagnosis, for itself also may be mimicry.

Thus your only surety for right diagnosis between real and mimic affections of the spine is in the examination first of the spine itself, and then of the patient's constitution.

ON

CERTAIN EVILS ATTACHING TO OUR EXISTING SYSTEM OF MEDICAL EDUCATION.

AN ADDRESS, AS HONORARY PRESIDENT OF THE ABERDEEN UNIVERSITY MEDICAL SOCIETY, DELIVERED NOV. 14, 1873,

BY ALEXANDER HARVEY, M.D.,

PROFESSOR OF MATERIA MEDICA IN THE UNIVERSITY, ETC.

"In reference to the *practical objects* for which medical science is cultivated, it seems important that the whole extent of the studies most intimately connected with the practice of medicine should be fairly laid before the student, *in as small a compass as possible*."—Professor ALISON.

AFTER thanking the Society for the honour done him in appointing him honorary president for the year, Dr. Harvey proceeded as follows:—

In casting about in my mind, among the many subjects open to me, for a theme or thesis on this occasion, it occurred to me that I could not do better than take up one which has for many years been "the home of thought" to me—one on which I have thought much for many years and on which I have once and again expressed myself through the press. And I preferred doing this to giving you an off-hand discourse, and, it might be, very crude notions on something else. Moreover, the theme I have chosen is one of special interest to you all—to everyone of you in particular. And all the more suitable does it seem to me at this moment because our distinguished Lord Rector has made public intimation of his intention, next February, on occasion of his coming amongst us to be installed in office, to move the University Court in the matter. This, indeed, has been a material consideration with me in the selection of a subject on which to address you this evening. Still further, with that intimation of the Lord Rector's purpose in my view, I have had this additional reason for the choice I have made—namely, the hope of inducing you, as well in your individual capacity as medical students, as in your collective capacity as members of this Society, to take action yourselves in regard to it, and so aid the Lord Rector in his praiseworthy efforts. You can memorialise the University Court, and you can agitate. You can memorialise also, if you like, the General Medical Council; and you may move heaven and earth in your cause.

Perhaps you have already divined that I purpose addressing you on the subject of medical education. You have guessed rightly. For my own part, I know no subject affecting you, as medical students, of greater importance or of more pressing urgency than this.

Fifteen years ago I addressed four letters to the late Sir James Clark on this subject. These letters were published at his instance and by his request, and they were well received by the profession; but they fell on stony ground, and yielded no fruit. Subsequent experience as a teacher, and further reflection on the subject, have served only to confirm me in the views I then and thus gave expression to. More recently, in the introduction to a class syllabus, not unknown to some of you, I gave renewed expression to certain of those views. And here, perhaps, you will kindly excuse me remarking that, in acknowledging the receipt of a copy of that syllabus which I had sent him, our Lord Rector was pleased to express his cordial concurrence with every word I said.

It is not my intention this evening to repeat what I there say, otherwise than incidentally. I purpose dwelling on one special feature of our system of professional education, which I have only slightly touched upon in those letters or in that syllabus. It is on *certain evils that attach to our existing system of medical education.*

In a certain sense, I owe the idea of my present theme—or, rather, the full realisation of the idea—to one of the surgeons to the Middlesex Hospital; the scene, that hospital, only the other day, of the labours, and the source (not improbably) of the death, at the early age of twenty-nine, of a distinguished graduate of this university, Dr. John Murray—a young man beloved by all who knew him, with the ball at his foot, and of the highest promise every way. How mysterious are the ways of Providence! Sweet to his family and to his many friends will be the memory of John Murray. I was saying that I gathered the full idea of the ill-consequences of our existing system from one of the surgeons of that hospital—a distinguished teacher there. In a letter I had from him a few months ago, in acknowledging the receipt of my little syllabus, he says that, as things are, there is no such thing nowadays, among our medical students, as real, genuine, thorough study—nothing but cramming or cram-work. An expression like this, thrown familiarly into a letter off-hand, without comment, fence, or qualification, requires to be taken, as it must be held to be intended, *cum notâ*. Yet I believe it to be, in point of fact, true to the letter. And it is on this affirmation that I would fain rivet your attention for a little. It is this allegation that I would make the key-note of my address to you this evening. No real, genuine study; nothing, virtually, save cram-work.

Is it really so? I fear it is. I am well satisfied that it is. And, pray, how can it possibly be otherwise? I make due allowance for the few singularly gifted students in every school that overcome the difficulties which beset them, acquire knowledge by a sort of intuition, and distinguish themselves at their examinations. But these men, that are but one in a hundred, are alike independent of systems—aye, and what is more, they are independent of their professors. One such, at Edinburgh University, fifty years ago, in the department of mathematics, needed only to hear the terms of a proposition in Euclid, to see on the moment, in the enunciation, the whole steps of the demonstration; and he could solve in an instant the most complicated questions in arithmetic. This is a special instance—one in a thousand, or, if you will, one in a million. But in all our medical schools we have a few—a very few they are—of the

sort I have indicated, men that are beyond and above system, and that are independent of their teachers, probably superior to their teachers.

Such students, however, should count for nothing in a system of education. What we have to look to and provide for is the average mind. As there are men that are exceptionally brilliant, so there are men that are exceptionally dull. But the dullard, alike with the genius, I exclude from my present regards. The average men are our immediate concern. They are the men who are to do the work of the world, as the requirements of the world demand. It is these we have to consider.

Now, I have said that, as things are, our existing system of medical education is not one of genuine, *bonâ fide* study, but of cram-work. And I have asked, how can it be otherwise? In answering this question, I set aside for the moment all considerations as to the mode or modes of imparting or of acquiring knowledge — professorial instruction (theoretical and practical), books, practical work of all kinds, private study at home. And I remark, first of all, that what stands out to the view of the student, and regulates all his labours, is the *examinations* he has to undergo—his *professional* examinations.

Now, how stands the case in regard to these? Here, in this university, we have ten medical chairs. This gives us ten distinct subjects. But, besides this, we have certain professors doing a kind of double duty and holding duplex examinations; and we have hospital, dispensary, and obstetric institutions which have to be attended, and clinics and sundry other things to occupy time and attention—all taking a more or less definite shape in the mind of the student, in view of the examinations before him. I will not name or enumerate the subjects. Doubtless you know them all by name. They comprise a large, an appalling number. But worse than their number is their magnitude—nay, the size of each and every one of them. Each, every one of them, is illimitable, boundless; and each and all of them are growing. And, within the last forty years, each has grown to proportions that are in the truest sense encyclopædic or colossal. Nothing shows this better, or can bring the fact more vividly into view, than the change our *text-books*, on every branch, have undergone within that period. In naming forty years, it is because I can speak of my own personal recollection and knowledge. Forty years ago our text-books were comparatively small, tiny things—books which, within the appointed four years of study, the student might read, learn, and inwardly digest with comparative ease. "Inwardly digest"!—that is the thing. To inwardly digest, to master the contents of a book, and mentally assimilate its matter—the great desideratum as well for the purpose it is to serve in professional life as for passing the examinations,—was possible then in a sense and a way that is quite impossible now. In these your days—I appeal to yourselves—you see and know how the case stands. On every subject, almost every one of our text-books is, I will venture to say, far beyond the compass of the time and attention that can possibly be given to it by the student. I will not weary you by many examples, but I will cite a few. Take Erichsen's Surgery, in two thick, closely printed volumes; or Spence's Surgery of like size; or even Pirrie's Surgery (the last edition), in one large, well-packed volume. Take Aitken's Practice of Medicine in two huge volumes; or Sir Thomas Watson's, or Niemeyer's, or Tanner's, all of them in two volumes; or even Flint's admirable book in one. Take Quain's Anatomy in two volumes, or Gray's Anatomy in one thick volume imperial octavo. In striking contrast with the tiny books which sufficed in my student days, those I have named are all of them utterly beyond the powers of any ordinary medical student to take in and inwardly digest during his four years of study. And then it is forgotten, in the making of these portly volumes, that the subject of each is quite new to the student, and that at first and for long he sees things dimly, like the man in the Gospel, who, when cured of his blindness, saw men as trees walking. They have to be read again and again, many times over, and pondered and reflected on. What *student* could master Aitken's two volumes in four years, even if he did nothing else but study it during them?

I name text-books because they are professedly students' books—books expressly written for them, albeit most of them are much better suited for junior practitioners than students, or for occasional reference rather than elementary, systematic study. But I beg you will observe this further, and very particularly, that these text-books or manuals (very unhandy many of them), and huge as most of them are, are by no means the limit or the measure of the demands made upon you in the examinations for a degree or licence. Every subject you are to be examined in you are required at your peril to know in all its full dimensions, in all its length, breadth, and thickness. On every subject you are liable to be taken *on any point*. Is it not so? It is. And so, in the matter of practice of medicine, Aitken's book, huge as it is, is not the length of your tether. You must take Reynolds's System of Medicine in four ponderous volumes; and in that of Surgery, instead of Erichsen's two large volumes, you must take Holmes's System of Surgery in five not less portly. For, observe, you are liable to be examined in medicine, in surgery, and in anatomy, in botany, in physiology, in materia medica and medical jurisprudence, in chemistry, and the others, *on anything and everything appertaining to them*, at the pleasure of your examiners, *without restriction on any point*.

And what must of necessity be the practical effect of all this on your minds, in the conduct of your private or personal work as students? For, after all, it is this—it is your own proper work, as far at least as your grounding in every branch goes, that is to make or mar you. The lectures you hear are nothing worth, unless you follow them up at home, or elsewhere, by reading, observing, and reflecting for yourselves. The question just put I will answer presently. But I have not yet put before you the whole conditions of your position as students, destined to undergo the ordeal of examinations on ten or a dozen subjects, each of which is of boundless extent and already encyclopædic in its ascertained dimensions.

But aside from the boundlessness of each branch—itself an appalling difficulty to students in view of these examinations,—there are the widely different, and even contradictory and conflicting, aspects under which each may be presented to the student by different teachers and in different books. This holds especially of the so-called practical branches. Yet it holds more or less of every one in the curriculum. Sir Robert Christison said, many years ago, that nothing is easier than to reject a candidate trained at a different school: for the College of Surgeons of England, for example, to reject a candidate trained at Edinburgh, and *vice versâ*. Nothing more true; and what is more, the thing is, I believe, constantly happening, and happening too to fair candidates. I have heard of, indeed I have myself known, examiners that were also teachers, whom it was impossible to satisfy unless one had attended their course of lectures. This ought not to be. It need not be. But, as things are, it is unavoidable. Yet, to my mind, it speaks volumes in condemnation of our existing system of education and examination. What is important to one mind is unimportant to another. What one man regards as the right way of treating a disease another holds to be the wrong. Examiners and teachers alike, and authors as well, have their whims, fancies, and crotchets. I have known candidates examined on subjects that were not treated of in their text-books, and were not taught them in the lecture-room.* All this—namely, the widely different views of different men, teachers and authors, and the incomplete and partial views of things presented—I set down as another and a monstrous difficulty for students, apart from the boundlessness of every branch. And it springs partly from that very boundlessness, and partly from the actual condition of medicine as a science. It arises from its vastness and its *uncertainty*. Great progress has been made of late years in removing the latter. Still, uncertainty attaches to the very nature of it, and ever will, more or less. Were medicine in any fair measure an exact science, like arithmetic and mathematics, and were its facts of a fixed definite quantity, the case would be very different.

These, then, are the difficulties that beset you in view of

* This has long seemed to me a real evil, and one calling for serious consideration at the hands of the examining boards and of the General Medical Council. A student "gets up" and well, or fairly well, his botany, chemistry, physiology, midwifery, practice of medicine, each from a particular book recommended by his teachers; yet, when he comes before another set of men to be examined in these branches, he finds the general *rôle* or style of questions of a very different sort from what he is prepared for; and in this way it may happen that he makes but a sorry appearance instead of a good, passing with difficulty instead of with, what he fondly hoped, credit. Are not good candidates sometimes rejected?

your examinations: first, the gigantic and actually boundless size of every branch; and, secondly, the widely different and the necessarily partial views or aspects under which each is presented to you, *as students*, in books and by your teachers. That such difficulties should exist, with no abatement of any kind, is, to my mind, a crying shame to the examining boards and to the General Medical Council.

Now, what I affirm is, that under such a system there can be no real, continuous, thorough, genuine study on the part of students. What lies immediately before them is, the examinations they have to undergo, and which stand out before them as a rock ahead. Is it not so? Do you not vividly realise it, even the youngest among you? To pass these is the foremost thing in your minds. To you it is the one thing needful. And you cannot but know and feel, every one of you, that, be the subject which it may, you cannot possibly master it. You cannot possibly so master it as to be able with assured confidence to meet your examiner in it,—a man who may himself, only the night before, have specially crammed himself with the particulars he examines you on. Within the time at your command, and with the manifold and very varied demands upon it each year, you cannot, do what you will, acquire a full and complete knowledge of any one branch. And what do you do? You do, I believe, the best you can. You attend lectures, and some courses again and again. You take notes of these. You read. You look over some old examination papers, to get a notion of the pet or prevailing questions of your examiners. But your work is not thorough. It is in great part a medley—chance-work and cram. And not a few put themselves into the hands of grinders; the essence of whose work is cramming, not instruction.

I desire to avoid exaggeration. You can yourselves judge whether I am transgressing the limits of sober truth when I affirm, as I do, that, as a rule, and as regards the great majority of students, everywhere, there is not, and there cannot possibly be, a genuine, thorough study of any one branch—in such a sense, at least, as to enable them to meet confidently all the requirements that may be made of them by their examiners. This assumption will, I hope, stand out more vividly to view when I come to deal with the remedy for the evil, and contrast what would be the working of a different system with the working of the present.

Meanwhile I address myself to the proof of the assumption I have made. On what grounds, you may well ask, do I build that assumption?

In adducing the proof I have to offer, I have no particular medical school or particular examining board in view. I can of course speak of my own personal knowledge, but I am in a position to speak generally, and it is generally that I wish to do it. Now the proof is, the low range or standard under which the *majority* of candidates pass—pass everywhere. A few, a very few—they might be reckoned on the five fingers of one hand—pass with distinction. A few, a considerably larger few, the dullards, as I have called them, are rejected again and again; some of them, however, eventually squeezing through. But what of the aggregate? They *ought* to pass with credit, or creditably. Yet how stands the fact? With varying degrees upwards and downwards in the scale, the majority, the aggregate, *simply pass*—make a *bare pass*. *Mediocreter* is the passing mark of the aggregate.

This is the case everywhere, and it might be shown *statistically*. The fact is well known at Netley, where the work of most of the examining boards in the three kingdoms has been repeatedly tested, in the competitive examinations for the Army, Navy, and Indian Medical Services. And I believe it was the lamentable outcome there realised of the work of our schools and examining boards that has led the General Medical Council to aim at the formation of joint examining boards. It is not, however, I am persuaded, the fault either of our schools or of our examining boards that things are as they are in that respect. It is the fault of our whole system. And I cannot but think—and I speak from an experience of over five-and-twenty years—that the true remedy lies in another direction altogether, and that it is in the hands of the General Medical Council itself. To use a professional simile, the institution of joint medical boards would be but a treating of symptoms. It would not go to the root of the disease. Yet there is a remedy that would, I believe, reach this; and I believe also that the General Medical Council is the proper body to prescribe it and enforce its use.

I said a little ago that the majority of candidates ought to pass creditably. I repeat the remark to enable me to say that the fault is not theirs. It is the necessary result of our existing system. We demand of candidates the impossible. Doing this, what can we in reason look for but that candidates will come short, very far short of the possible? We exact of them the accustomed tale of bricks, and we give them no straw to make them with.

(To be concluded.)

ON CASES OF LARGE LABIAL HERNIA, AND THEIR TREATMENT.

BY CHRISTOPHER HEATH, F.R.C.S.,
SURGEON TO UNIVERSITY COLLEGE HOSPITAL AND THE HOSPITAL FOR WOMEN.

ELIZA G——, aged forty, a washerwoman, was sent to me at University College Hospital in August, 1872, with a very large labial hernia. The patient had been in the habit of lifting heavy weights, baskets of clothes, &c., and on one occasion, six years before, after lifting a heavy weight, she felt a sudden pain at the lower part of the abdomen, and soon after noticed a swelling as "large as a teacup." Ever since she has been troubled with great flatulence. She has pains in the tumour resembling labour pains, which cause retching, and occasionally sickness and fainting. The swelling has gradually increased in size.

On admission the labial hernia was found to be on the right side, and presented the appearance shown in the illustration, which was taken from a photograph. The hernia measured 15 in. in circumference at the top, 14½ in.

round the middle, and longitudinally 18½ in. The hernia was tympanitic throughout; it consisted entirely of intestine, and was not difficult to reduce. When reduced the external abdominal ring was found to be very large, readily admitting the points of the four fingers and thumb.

On complete reduction great eructations of wind were produced, and the patient complained of considerable pain. She was therefore confined to bed and carefully bandaged whilst a truss was being made. A carefully made truss was fitted, but was found to be ineffectual in retaining the hernia, which always protruded beneath it on the slightest exertion. The patient also complained of great pain and flatulence when the bowel was retained, and experienced ease on its protrusion.

Under these circumstances I sent her to Mr. Huxley, of Old Cavendish-street, who fitted her with an apparatus which he originally contrived for large irreducible scrotal herniæ, and which answered extremely well. It consists,

as shown in the accompanying diagram, of a suspensory bandage made of stout linen or jean, which is supported from the shoulders as well as the waist. With the ordinary

form of suspender the weight of a large hernia is too great for the waistband when the patient assumes the erect posture, but here this failing is counteracted by the yoke fitting over the shoulders. In the diagram the dotted lines indicate the back of the apparatus, and its shape will therefore be readily understood. An important feature is, that the front and back straps connected with the yoke on each side cross beneath the arm, the front strap being attached to the waistband behind, and the back strap passing to the suspender in front. By this contrivance the straps are always "taut," and are not alternately loosened and tightened with the movements of the trunk, as is the case with the common trouser-brace.

My patient has worn this simple apparatus for more than a twelvemonth with the greatest comfort and satisfaction, and is able to pursue her laborious occupation. I have, during that period, employed it for another patient suffering from a large irreducible labial hernia, and can recommend it for similar cases.

Cavendish-place.

SYMPATHETIC DEPRESSION & EMOTIONAL DISTURBANCE.

BY J. THOMPSON DICKSON, M.A. & M.B. CANTAB.,
LECTURER ON MENTAL DISEASES AT GUY'S HOSPITAL.

THERE is a large class of disorders which are dependent upon abnormal states of the sympathetic which have been very widely studied but very imperfectly isolated, and my purpose in this paper is to attempt to isolate some of the members of the group, and to show their dependence upon abnormal states of the sympathetic system of nerves.

The word "depression" I have used as implying a pathological state. Speaking generally, all pathological conditions indicate impairment or imperfection, and hence a lower state of vitality; the coincident phenomenon of this lowering or lessening is depression, and it is in this sense that the word is used in this paper.

In the study of nervous diseases generally there has been something of an inclination to pass lightly over, or at all events to give insufficient consideration to, the pathology of the sympathetic nervous system and the emotions; and yet the emotions play no small part in both the causation and the manifestation of diseases of the nervous system, and the emotional influence is exercised mainly through the medium of the sympathetic. The question will be asked, What is the association between the emotional part of mind and the sympathetic nervous system? The answer I shall endeavour to evolve in the progress of this paper.

It is hardly necessary for me to bring forward evidence to show the powerful influence of the emotions in the excitation of insanity. If we regard insanity merely as a symptom of cerebral disturbance, we may see such disturbance excited by almost any depressing cause; but, of all excitants, none are so powerful as those which are brought into play through the medium of the emotions, whilst no forms of insanity are more vacillating, and none, perhaps, are more demonstrative and dramatic, than those which take their origin in emotional disorder.

It will not be difficult to show the simple relation between the constituent part of mind which we call "the emotions" and the sympathetic system of nerves when certain physiological phenomena are considered; neither will it be difficult to show how depression, or depressed states of the emotions, are associated with depressed or lowered vitality, or depression of the sympathetic, when certain physiological and psychological states are considered together.

The governance and control of the sympathetic upon what, for want of a better expression, we call vital functions, may be very well seen by the somewhat familiar experiment of decapitating a frog and opening its chest. The heart will be found beating, and will continue to beat for a considerable time if left quiescent, but should one of the frog's feet be crushed with a heavy blow from a hammer the contractions of the heart will immediately cease. This is an illustration of physical shock influencing the circulation, and in this case the only medium of influence is the sympathetic, because the cerebral centres have already been removed. A familiar observation of the intellectual influence upon the sympathetic is to be found in the sharp epigastric pain that a fright produces,—the result of shock to the semilunar ganglia—the effect is immediately shown upon the pulse; and perhaps a more striking example still is to be found in the palpitation of the heart and the irregular pulse of so-called "nervous persons" under excitement.

The sympathetic and the central nervous systems are so far interdependent that any disorder of the one more or less affects the other, while certain constituent parts of mind are dependent upon normal conditions of either the one or the other separately for their due manifestation.

The simplest illustration of the interdependence of the sympathetic and the central nervous systems is to be found in the phenomenon of "going to sleep." As the stimulus of activity (in health more or less voluntary) by which wakefulness is maintained gradually subsides the sympathetic gradually assumes, as it were, the ascendancy, and through the cervical ganglia reduces the cerebral circulation until the suspension of consciousness, which we call sleep, is induced. On the other hand, in all degrees of mental excitement the immediate effect upon the circulation, as observed in the pulse, points conclusively to the cerebral influence upon the sympathetic.

It is not necessary in this place to show that the intellectual part of mind is dependent upon the cerebral grey matter, and the higher intelligence upon the convoluted condition of this grey substance; but reference to the fact is necessary in the outset of my endeavour to show how the emotional part of mind is dependent upon the sympathetic. A familiar illustration of the fact of the dependence of the emotions upon the sympathetic is to be found in blushing. Blushing is a purely emotional manifestation; it is involuntary, it is expressed through the vasi-motor system, and, what is more, it is due to a depressed state of the vasi-motor centres, for blushing is associated with painful rather than pleasurable feeling. Another example of the dependence of the emotional part of mind upon the sympathetic is to be seen in the influence of the emotions upon the digestive organs. Emotional excitement, as for instance anger, paralyses, for a time, the power of digestion. A man who is put into a passion just before a meal cannot eat, or

at all events is disinclined to eat; and a person who is frightened not only loses his appetite, but often in addition loses control over his sphincter muscles. In this illustration we see a direct association between the intellectual and the emotional, and, secondarily, between the depression of the sympathetic centres and the disturbance of the sympathetic function in regard to the alimentary canal, over which it presides. This illustration, I think, shows the consequence of an emotional depressing cause upon a sympathetic function very clearly. Again, we may see very similar phenomena in the more directly depressing causes—such as the communication of unwelcome news. Reveal to a man the fact that he has sustained heavy pecuniary losses by such an accident, e.g., as the breaking of a bank in which he has considerable deposits, and you will hardly fail to observe, even in the most stoical, an immediate effect upon his alimentary canal, if not upon his pulse. Bad news or annoying information impairs, or for a time paralyses, the appetite; sometimes, indeed, it induces an immediate evacuation of the bowels, and generally it gives a hard, if not a throbbing, character to the pulse; and these effects are all produced through depression of the sympathetic. The sympathetic is depressed by reason of the painful intellectual impression, and the depression is shown in disturbance of its controlling function.

I may quote, in support of the assumption of the connexion of feelings with physical states, the psychological principle as laid down by Prof. Bain—"States of pleasure are concomitant with an increase, and states of pain with an abatement, of some or all of the vital functions";* and as all the vital functions are more or less under the control of the sympathetic, it follows that all pleasures and pains, whether induced through the medium of the intelligence or the result of direct somatic cause—as the invigoration of a cold bath or muscular exertion, or the infliction of injury,—are associated with tonic or atonic states of the sympathetic centres. The facts are powerfully exhibited in the direct influence of physical states upon the emotions: abstinence from, or insufficient supply of food induces emotional depression, commonly called "lowness of spirits," a state concomitant with atony of the sympathetic, whilst due nutrition produces emotional satisfaction or pleasurable feeling concomitant with a tonic condition of the sympathetic. The converse observation furnishes the necessary link in the chain of evidence. Any emotional depression, such, for instance, as that induced by distress, produces "lowness of spirits," and its association with sympathetic depression is immediately shown by its influence upon the digestive function, which it always more or less impairs.

As an illustration of the association but yet partial independence of the cerebral and intellectual and the sympathetic and emotional parts of mind, and their demonstrably physical changes of state, I may instance "crying," which is an involuntary emotional expression, but in some states is partially under the control of the will. A person realises distress through the cerebrum or the intellectual faculty, which produces a painful feeling; but the emotional part of mind at once becomes depressed; and, through the sympathetic, not only does the base of the brain become more or less congested, but the lachrymal gland becomes congested also, and a copious secretion of tears is poured out. The same result may be obtained by the infliction of physical pain. People often cry when they are hurt; and however much their *will* may be opposed to the emotional expression, the outburst, when it occurs, is involuntary. In the minor degrees of depression the intellectual acquisition of volition is sometimes able to influence the sympathetic sufficiently to counteract in some degree the depression, and thereby to check the tears; but in all states where the depression is great the vasi-motor centres lose their control over the vessels, and the will is then powerless to influence the emotional display.

(To be concluded.)

* Mental and Moral Science, p. 75.

MILK ADULTERATION.—Several parties were fined last week in Dublin in large sums, for selling milk mixed with water. One person used 90 per cent. of water, and was fined £10 for the dilution and £5 costs.

STRICTURE OF THE ŒSOPHAGUS TREATED BY A NEW DILATOR.

BY J. JAAP, M.D., M.R.C.S.,

RESIDENT SURGEON TO THE BRISBANE HOSPITAL, QUEENSLAND, AUSTRALIA.

F. A——, a bushman, aged twenty-seven years, was admitted to the Brisbane Hospital on the 28th of June, 1871, suffering severely from syphilitic sore-throat. The fauces were one mass of spongy ulceration, and he complained very much of inability to swallow food, but the condition of the throat was considered sufficient to account for this, and no stricture of the œsophagus was at first suspected.

After being treated for fourteen days with the iodide of potassium in large doses, and a gargle of the bichloride of mercury, assisted with the frequent application of the nitrate of silver, the throat improved very much; but the difficulty of deglutition became greater, instead of less, and on the 22nd of July, three weeks after his admission, the ulcers on the tonsils and uvula being nearly cicatrised, it became evident that the source of the obstruction lay either in the pharynx or œsophagus. A probang was therefore passed down, and a stricture felt at a depth of about four inches, or nearly at the termination of the pharynx.

A small probang charged with a twenty-grain solution of the nitrate of silver was passed daily with ease, but on the 17th of September it became apparent that a further obstruction existed lower down the canal, as, although the stricture of the pharynx was being dilated more and more from day to day, the patient's power of swallowing was gradually decreasing, and the use of the stomach-pump was indicated to prevent the man from dying of absolute starvation.

On an attempt being made to pass the ordinary œsophageal tube, the stricture of the pharynx was easily overcome. Not so one about two inches below it; ultimately, however, after a great deal of trouble, a child's œsophageal tube was successfully passed over the difficulty, and a quantity of beef-tea and other nourishment was pumped into the stomach. This had the effect of rallying the patient, who was becoming very weak; but in the course of a short time even this tube, about the size of a No. 12 catheter, could not be passed, and it became apparent that the passage would soon be entirely occluded.

I then devised an instrument combining the principles of "Thompson's Urethral Dilator" and the "bougie à boule," which I ordered to be made of the diameter of a No. 10 catheter, with power to dilate to the extent of an inch and a half, fifteen and a half inches in length, with handle and screw of three and a half inches, making a total length of nineteen inches, and *perfectly straight*.

In the interval before the instrument was obtained the patient was reduced to such a frightful state of emaciation that it became painful to visit him. Attempt after attempt was still made to pass tubes and bougies, but all were unsuccessful, the feeling communicated to the hand being such as would be felt on touching semi-cartilaginous structure, and the resisting power of the stricture was sufficient to bend and curve the ordinary feeding tube when used with force. Enemata of the most nourishing kind were frequently given, with the effect of keeping him alive, but the sensation of intolerable hunger was not appeased.

On the 25th, Mr. McLennan (instrument-maker of this city, lately from a firm in London which supplies University College Hospital, and whose presence here all medical men hail with great satisfaction) completed the instrument, which was used without delay. After several ineffectual attempts the strictures were passed, the lowest being nine inches and a half from the teeth when the head was thrown back and the œsophagus brought into a perpendicular line. Dilatation was performed with comparative ease, and the dilator withdrawn distended, with a rotatory movement, to prevent the folds of the mucous lining from getting entangled in its blades.

On the withdrawal of the instrument only a very slight tinge of blood was visible upon it, mixed with mucus, and a very small quantity of blood and mucus was afterwards expectorated.

The patient expressed his delight when, half an hour after the operation, he swallowed with little difficulty some arrowroot and beef-tea.

On October 8th he could eat and drink freely, providing that he masticated his food *well*, and on the 24th he still continued to improve, the dilator having been passed daily.

On Nov. 29th he was quite convalescent; had gained flesh amazingly, and, in fact, was getting quite fat.

Feb. 1872.—The patient is still in hospital, but during the last two months has not required much attention, and has been constantly at work upon the grounds. The instrument has been passed once and sometimes twice a week, according as he has wished; for if left too long between the applications the stricture still shows a tendency to contraction.

I have now ordered a larger instrument to be made, capable of greater expansion, and with four instead of two blades—two to be concealed when not in action,—the section of which when in a state of dilatation would be represented somewhat in this way (◯): the edges well adapted and beveled to each other, with a view to the more easy prevention of any entanglement which might occur. After having used this for some time and dilated the œsophagus to as near as may be its natural dimensions, and instructed the patient how to use an ordinary bougie himself, I believe he may then with perfect safety be discharged.

On the first application of the instrument some trepidation was felt lest by some chance the patient might move his head forward suddenly, and thereby cause a fatal wounding of one of the larger thoracic vessels. Practice, however, has imparted to the patient and myself confidence in each other, so much so that now he does not even require his head to be held; and whatever fear I may at first have entertained of performing the "sword trick" has been quite dispelled by a little knack in manipulation.

THE PRESENT ASPECT OF ATHLETIC EXERCISES, AND THEIR USE AND ABUSE.

By H. BENDELACK HEWETSON, M.R.C.S.

A CAREFUL study of the practice of athletic exercise in regard to its influence on the health, and an intimacy which can only be gained by personal experience, must be my excuse for the remarks which follow. For some years I practised athletic exercise, and for a long time have been intimately acquainted with a large circle of the athletic community in the North of England. It is therefore upon the practice and experience of some years' standing that my conclusions are based.

I am perfectly convinced that certain parts of the present system of athletics are fraught with much risk, if not serious injury, to many who engage in them. I refer more especially to the different forms of racing. Athletics were instituted in our schools, colleges, and universities as a relaxation from, not as a substitute for, mental study. Nowadays they take the form of hard work, and tend to withdraw those who excel in them from graver pursuits, or, what is perhaps worse, tempt them to combine the two, and to ruin their health in the attempt. True it is that there are exceptions—where the holder of the "Challenge Cup" is at the same time occupying a high position in his school or college, but this is by no means the rule; and, indeed, such exceptions are becoming more and more rare as year by year the competition in each line becomes more and more severe.

I hold that, nowadays, few men can train hard for athletics and at the same time excel in mental study without overstraining their physical or nervous power. This evil of attempting to combine the two is, undoubtedly, gaining ground in the present day.

There is, however, a still greater evil entailed upon a large majority of athletes who lend their whole time to racing; and that is the risk they run of contracting organic disease. I have frequently witnessed faintness, vomiting, palpitation, giddiness, and considerable exhaustion follow a hard race as its immediate effects; and though there are some men who are strong enough to resist all evil consequences, yet, on the other hand, not unfrequently very serious results ensue in the case even of men of good physique, of which the following instances have come to my personal knowledge.

A gentleman of note in athletics, while running in a severe contest, felt a sudden pain in his chest, followed by a feeling of more than usual exhaustion. On a subsequent examination there was found a diastolic aortic bruit. It was concluded that the semilunar valves of the aorta had given way under the strain. The bruit, however, soon disappeared without any evil effects, further than that he was prevented from engaging in competition again.

A second "pulled" in one of the University boat races, and at the same time attempted to engage in study. The effort proved too great; and on resuming his full amount of study, and perhaps more, from his being in arrears, he became mentally deranged.

Two others of my school contemporaries, who were leading athletes, suffered from severe acute rheumatism with endocarditis. I mention these last as facts, without directly attempting to attach any blame to the athletics, of which racing constituted their chief *forte*, but rather in the hope of eliciting from others whether any connexion has ever been observed between hard work, such as is entailed in athletics or any other bodily exertion, and acute rheumatism with endocarditis. I may here mention that one of the gentlemen thus attacked died some years after from embolism at the base of the brain.

The first-named are instances, in the one case of the heart giving way, and in the other the mind. There are, however, numerous instances (and these constitute by far the greater class) in which there is no definite disease induced, but in which the energies are prematurely worn out. At an early age men who have held the palm in athletics have been obliged to drop from the ranks, finding they were unable to continue them. I am convinced that these are no light facts, and that great harm is being done by the present inconsistent mode of obtaining "healthy exercise."

Daily gentle training is, I think, good, but to engage in athletic competition to the extent it is followed up to nowadays has, I am quite convinced, a pernicious moral and physical effect. There is undoubtedly, however, required some exercise to keep the body in health, especially by those who are confined of necessity constantly to the office or the study. A good systematic course of gymnastics in a well-ordered gymnasium furnishes all that is required; and though I have practised them myself to a considerable extent, and have known numbers of men who have come daily to the gymnasium for exercise, yet I have never seen, nor have I myself experienced, any evil following the practice, but, on the contrary, much good. In gymnastics there is no prolonged exertion in which the heart and lungs are severely taxed. A weak man, one who has a weak muscular frame, can in a gymnasium gradually, by steady work, develop his muscular power, and stand a good chance of improving himself, because he can exercise in accordance with his powers; whereas in running the well-built men hold the monopoly to the exclusion of their more awkward brethren. From the infinite variety of tricks performed in a gymnasium every muscle is called into play and developed, and no schools, university, or large town should be without its gymnasium, under the guidance of a competent teacher. I am quite convinced, from my own personal experience, that no harm will ever accrue from a careful practice of gymnastics, but that it may be made a means whereby that great tendency to a round back, a narrow chest, and a weak biceps, may be counteracted to the obvious benefit of the community.

In conclusion, let me add that formerly I was a staunch supporter of all branches of athletics, and that my own observations only have led me to condemn parts of the system as at present carried on. My object is, therefore, to urge the further establishment of gymnastic clubs, and the abolition of running *fêtes*, whose only advantage is to provide amusement for the public and a short-lived glory for the athlete.

Leeds.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

HEREDITARY EXOSTOSES.

(Under the care of Dr. POORE.)

AN interesting specimen of this somewhat rare form of disease has presented itself lately among Dr. Poore's out-patients. Cases of hereditary multiple exostoses are mentioned by Paget in his work on Surgical Pathology, and also by Virchow in his Pathology of Tumours; but none of the instances mentioned by those authors seem to us more remarkable than the following.

H. H——, aged twenty-seven, a clerk, who sought advice in consequence of trifling dyspepsia, presented the following appearances:—He was 5 ft. 2½ in. high, and was studded with bony tumours varying in size from a small marble to an orange. There did not appear to be any in connexion with the bones of the skull or face, but they were present—(1) On the sternal ends of both clavicles. (2) On the inferior aspect of the spines of both scapulæ. (3) On the upper extremities of both humeri. (4) At the carpal extremities of the radius and ulnar on both sides. In this situation the tumours were very large, and the bones of the forearm were remarkably short. (5) Small nodular masses were to be felt in connexion with one or either extremity of most of the metacarpal bones and phalanges, but their arrangement in this situation seemed to be capricious and indefinite. (6) On the femora, on the outside of the shaft, just below the trochanters. (7) On the upper end of both tibiæ. These were the largest to be found anywhere. (8) On the upper end of both fibulæ. (9) At the lower extremities of both tibiæ and fibulæ. The bones of the leg were the only instances in which exostoses were to be distinctly traced in connexion with *both* ends of the shaft of a long bone. The metatarsal bones and phalanges were scarcely at all affected; and the nodular swellings, where present, were only detected as slight irregularities. No distinct tumours were felt in connexion with the ribs, but the formation of the thorax was markedly rickety.

C. E. H——, the patient's little daughter, aged four and a half years, was a complete miniature of her father, and presented exostoses in most of the situations where they were observable in him. They were proportionately much smaller, and had apparently only just commenced growing in some places, and could only be detected as very small nodular masses. They had not in any position grown so big as to cause any obvious deformity. The child was bright, intelligent, and healthy, and did not present the least sign of rickets. Her first exostosis was noticed when she was nine months old, and grew in connexion with one of the phalanges of the little finger. The father states that none of them were congenital.

The patient states that his maternal grandfather had the same condition, and was two or three inches shorter than the patient himself. He does not know, for certain, that his mother had any tumours about her. One of his sisters, aged thirty, has a tumour on the lower end of one femur. She is married, and has three children, but none of them have as yet manifested any tendency towards the formation of exostoses. He has himself another child, a boy aged twelve months, in whom as yet there is no appearance of malformation.

ST. THOMAS'S HOSPITAL.

DIPHTHERIA; TRACHEOTOMY; HIGH TEMPERATURE; DEATH.

(Under the care of Dr. MURCHISON.)

THE chief points of interest in the following case, for the notes of which we are indebted to Mr. W. S. Greenfield, M.B., are the high temperature accompanying the recurrence of apnœa, and the condition of the small intestines.

Mary Ann S——, aged one year and eight months, was admitted on Sept. 14th, 1873. The mother said that the child appeared quite well until the morning of the 13th, when she complained of her throat, and coughed up a little blood. She rapidly grew worse, and a doctor who was sent for detached some membrane from the pharynx. There was no history of croupy cough or paroxysmal dyspnœa. It appeared that a brother of the child had a bad sore-throat a week previously, and that another brother had been in a dispensary for three or four weeks expectorating very offensive matter. Whether they were suffering from diphtheria was doubtful.

On admission at 4.30 P.M., the child was pale, livid, and suffered from urgent dyspnœa, and especially great difficulty in expiration. There was no perceptible enlargement of the glands of the neck. The urine was not examined. Tracheotomy was performed at once, and a little thick exudation removed, with immediate relief to the breathing.

The child breathed quietly all night, and appeared to be doing well until 1 P.M. on the following day, when the respiration became hurried and embarrassed, the epigastrium sinking in with each inspiration, and lividity speedily supervening. On passing a small brush into the trachea no obstruction could be felt for three or four inches, and no relief followed. The temperature, which at 9.30 A.M. had been 102·4°, was found to have risen by 2.10 P.M. to 107·8°; pulse 180; respiration 80 to 90 per minute. At 2.30 the temperature was 107·6°; at 2.45, 106·6°; and from that time gradually fell till death, which occurred at 5.30 P.M., when it was found to be 104·5°.

Autopsy, twenty hours after death.—Body well nourished, face still livid. The pharynx, larynx, and trachea were removed entire. No swelling or general redness of the pharynx, but on the posterior surface near the sides were one or two small roundish patches, about a line in diameter, of adherent substance resembling false membrane, on the removal of which small vascular points were exposed. The left tonsil was slightly enlarged, and presented one or two small ulcerated points, and there was some appearance of ulceration at other parts, but nothing very decided. The soft palate appeared natural. Looking at the larynx from above, the epiglottis appeared slightly swollen and very vascular. The aryteno-epiglottidean folds were also much reddened, but not œdematous. The whole larynx and trachea were filled with a thick yellowish-white curdy fluid, which exuded readily on squeezing, and was easily washed off. On opening the larynx the posterior surface of the epiglottis was very vascular, rough and ulcerated, and covered with a layer of semi-membranous exudation, which readily separated. The interior of the larynx and trachea was completely lined by a similar layer of false membrane, which filled the depressions of the larynx uniformly, and was much firmer and less easily detached there and in the upper part of the trachea than below. At about the fourth ring of the trachea downwards it could be readily separated in a complete layer, leaving beneath it a very red and raw-looking surface, studded with minute vascular points. Towards the lower part of the trachea the exudation became pulpy and semi-fluid, this extending into the bronchi. The larger bronchi, as far as the third or fourth division, were completely filled with a curdy fluid, the mucous membrane being much injected, and at a few points roughened and ulcerated. At these points the exudation was more adherent, elsewhere it washed away readily. Beyond the point above-mentioned the mucous membrane was not at all reddened, and there was no exudation. Some of the smaller bronchi appeared dilated at intervals. The exudation in the trachea varied from a quarter to half a line in thickness.—*Lungs*: Slight old adhesions at both apices. Both lungs were much collapsed and dense. The right lung weighed three ounces and a quarter, the left three ounces. The right was completely collapsed at the lower part, and patches of collapse were scattered over the surface and throughout the substance of the lung, especially at the posterior part. All the parts could, however, be inflated, and there was no sign of inflammation. The left lung was extremely emphysematous at the anterior margin, collapsed at the lower and posterior parts, but less than the right.—*Heart*: Both cavities on right side distended with dark, imperfectly-coagulated blood; left ventricle firmly

contracted.—Liver weighed thirteen ounces; no appearance of congestion. Spleen weighed an ounce and a half; firm and healthy-looking. Kidneys together weighed two ounces and a half; capsule separating readily; substance pale; no congestion. The cortical substance looked yellower than natural, and exuded much turbid fluid containing epithelial cells.—Intestines: Throughout the whole length of the small intestines the solitary and follicular glands were very distinct and prominent, forming projections the size of a small mustard-seed thickly strewn over the mucous membrane. In some places these were surrounded by a zone of vascular injection, and three or four small rounded ulcers, apparently connected with them, were seen in the middle third of the ileum. The Peyer's patches were also very distinct and prominent throughout, some, however, much more vascular than the rest, and of a rosy tint, swollen and elevated above the surface. This swelling affected chiefly some portions of the patches which were raised above the remainder, and in some parts there was commencing ulceration. Three or four ulcers of irregular shape, with raised edges, the largest about two-fifths of an inch in its longest diameter, were found near the centre of the ileum. The appearances of the Peyer's patches closely resembled those of the earlier stages of enteric fever, but the vascularity was perhaps less marked, and the changes were not more advanced near the ileo-cæcal valve. There was no sign of catarrh and no general vascularity. Large intestines healthy.—Brain and membranes: Longitudinal and lateral sinuses very full of dark semi-coagulated blood. The brain was very large, and weighed forty ounces and a half, and bulged over the sides of the sawn skull. Superficial veins distended with dark blood; substance generally soft, but no sign of inflammation of membranes or substance.

ST. BARTHOLOMEW'S HOSPITAL.

NEPHRITIC ABSCESS OPENED FROM THE BACK.

(Under the care of Dr. SOUTHEY and Mr. THOMAS SMITH.)

THE patient in this case was a careworn-looking man aged fifty-four. For over ten years he had suffered from stricture of the urethra, for which tapping through the rectum had been performed some years ago. The patient for the last four or five years had neglected to pass his catheter, and had during that time suffered from great pain in the left renal region.

On admission into the hospital, on the 9th of August last, he suffered from occasional severe rigors, and had a constant severe pain in the left renal region, running down the left thigh as far as the knee. The pain was increased by extending the thigh, which was kept flexed on the abdomen, or by the act of defecation. The urine was thick, and contained from a quarter to a third of pus. A large fluctuating swelling was detected in the region of the left kidney. There was apparently no history of renal or vesical calculus. The case was, however, diagnosed by Dr. Southey and Mr. Smith as one of renal abscess, in which there was probably a calculus or clotted pus preventing free escape down the ureter into the bladder.

On Monday last, the 24th instant, Mr. Thomas Smith had the patient put under the influence of chloroform, and then made an incision in the left lumbar region, as for colotomy. After dividing the latissimus dorsi muscle, he passed a director through the matted tissues into the fluctuating swelling, and let out about a pint and a half of thick, dirty, fetid pus. The pus came away per saltum at each inspiratory act, and towards the end it was found to be much clotted. The cavity from which the pus came was so large that the finger could not be made to touch every side, but no calculus could be detected by digital examination.

Up to the present time the case has progressed favourably. At a future time we shall complete the notes.

ROYAL INFIRMARY FOR CHILDREN, WATERLOO-ROAD.

SUBPERIOSTEAL EXCISION OF THE HIP; RECOVERY.

(Under the care of Mr. BELLAMY.)

THE points of interest in this case are, in the first instance, its suitability to the operation of subperiosteal excision; and, secondly, the preservation of the attachment of the muscles to the periosteal surface of the great trochanter.

Anne M——, aged nine, admitted June 11th, 1873, began to have symptoms of hip-joint disease about two years ago, when she was admitted into one of the London hospitals, and was there treated by rest and splints, and so far recovered that she was able to walk without any perceptible limp for about six months. About two months before admission into the infirmary the symptoms recurred, and, when examined, the slightest manipulation caused dislocation of the head of the femur. There was little or no pain, and no indication of pus or extensive disease of the bones.

On September 27th, chloroform having been administered, Mr. Bellamy made an incision about two inches long over the trochanter major in the axis of the limb, and twisted the head of the bone through the wound, stripping off as much of the periosteum as possible, and then nipped it off with cutting pliers, leaving the attachments of the muscles to the great trochanter entire, subsequently picking away all remnants of diseased bone. The ligamentum teres was completely gone, the acetabulum considerably widened, but apparently not diseased. The cartilage of the head of the femur was entirely destroyed. One stitch was put into the wound, and the limb was afterwards kept at rest by sandbags, and extended by a weight attached to the ankle running over a pulley. The wound healed without a bad symptom, and the child got up October 29th much improved in health. The patient has since been about the ward on crutches, and appears to have a singular amount of control and power over the limb, and there is remarkably little distortion.

DEVON AND EXETER HOSPITAL.

AMPUTATION AT THE HIP-JOINT; RECOVERY.

(Under the care of Mr. ARTHUR J. CUMMING.)

THE following case, for the notes of which we are indebted to Mr. H. Gordon Cumming, forms a striking contrast to the preceding case both as to the nature and extent of the disease and the kind of surgical interference necessary to relieve the exhausting symptoms, and even to save life.

George M——, aged twenty, a farm labourer, was first admitted into the Devon and Exeter Hospital two years ago suffering from disease of the hip-joint. At this time extension was applied to the affected limb, and the patient kept perfectly at rest. The disease soon subsided, so that the patient was able to leave the hospital.

In about six weeks, however, the hip again became painful, and the patient was readmitted. Soon after this an abscess opened, and extensive sinuses formed along the outer part of the thigh. Through one of these sinuses the finger could be passed round the head of the femur, but no diseased bone could be detected. Latterly a large sinus formed below and to the inner side of the anterior superior spine of the ilium. This sinus was enlarged to allow of further examination, when a considerable portion of bone inside the pelvis, and corresponding to the position of the acetabulum, was found to be denuded. At this time the man had been in bed for twelve months, the discharge was very great from several openings, and his health was fast failing.

On August 23rd, the patient having been put under the influence of chloroform, the limb was raised and bandaged as high as the middle third of the femur, and amputated at the hip-joint by making an anterior and posterior flap. The bleeding was so well controlled by Lister's abdominal tourniquet that only a few ounces of blood were lost.

Since the operation the patient has gradually improved, and is now considerably better than he has felt for some months.

The head of the bone and acetabulum were much diseased, and the disease also extended through the acetabulum into the pelvis.

MEDICAL MAYORS.—Edward Bousfield, L.R.C.P. Edin., for Thetford; Barrington Chevallier, M.D., for Ipswich; William Kirk, M.R.C.S. Eng., for Hedon; Walter William Miller, M.D., for Eye; John Prankerd, F.R.C.S. Eng., for Langport; John Buck Stedman, F.R.C.S. Eng., for Godalming.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 17TH, 1873.

DR. S. O. HABERSHON, F.R.C.P., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Honorary Fellows: Prof. Virchow (Berlin), Prof. von Langenbeck (Berlin), Dr. N. Gueneau de Mussy (Paris), Dr. Duchenne (Boulogne), Dr. Ollier (Lyons), Prof. Chauveau (Lyons), Sir William Jenner, F.R.S., Sir W. Paget, F.R.S., Dr. A. Farre, F.R.S., Dr. Burrows, F.R.S., Dr. Stokes (Dublin), Sir R. Christison (Edinburgh), John Hilton, F.R.S., Professors Owen, Tyndall, Huxley, Rokitanski (Vienna), von Scanzoni (Wurzburg), Hebra (Vienna), and Helmholtz.

Mr. THOMAS BRYANT related a

CASE OF INTESTINAL OBSTRUCTION.

Frances C——, aged forty-five, married, came under Mr. Bryant's care at Guy's Hospital, January 18th, 1873. She reported that, when in apparent health four days before, while putting down a heavy bundle of wood, she felt something in her stomach give way. The sensation was accompanied with severe pain extending all over the abdominal region, from the pit of the stomach to the perineum. This pain was accompanied with vomiting. Hot fomentations were applied, and afforded relief, but the pain and the vomiting still occurred at intervals. The bowels had not been opened since the first appearance of the symptoms, neither had she passed any wind. She had a reducible femoral hernia in the right groin, which had existed for years. When seen her abdomen was much distended, and tympanitic coils of bowel were made out through the parietes, and vermicular action of these coils was visible. Her face had a pinched and anxious look; pulse 120, full; urine scanty. The attacks of pain came on every half-hour, and she vomited a dark-coloured, offensive fluid. No signs of femoral hernia existed, nor was there more abdominal tenderness at one spot than another. The whole history of the case, the suddenness and acuteness of the attack, clearly pointed to the presence of some mechanical intestinal obstruction, and it seemed likewise tolerably certain that the hernia had no direct connexion with the symptoms. An exploratory abdominal operation was therefore determined upon, and an incision was made in the median line of the abdomen below the umbilicus, about five inches long. Some coils of small intestine were then turned out upon the abdomen. All were injected, but not dulled in their lustre, neither was there any lymph about them; a clear, slightly brownish serum flowed from the abdominal cavity. The small intestines were distended, but not to a great extent; some of these coils were found to pass under a band which consisted of omentum, and which was adherent below to the left ovary. The continuation of the bowel beyond the band being flaccid, it seemed clear that the bowel had passed under this omental band at the time she felt the pain on the 13th, and that it had become constricted by it. This band was tied in two places by a catgut ligature, and divided; the edges of the incision were brought together by carbolised catgut ligatures, and strapping in broad bands was fastened all over the front of the abdomen; a compress of cotton-wool was placed over all, and the patient kept fully under the influence of opium. —Jan. 19th: She vomited once in the theatre after the chloroform, and again when she got into the ward; she had a two-grain opium suppository, and was afterwards subcutaneously injected with morphia. She seemed to be only drowsy from that time up to 10 P.M. She died at 3 o'clock the next morning, thirteen hours after the operation, without speaking again, although during the night she took a little fluid to drink from the nurse. After death, on opening the abdomen, the intestines and the omentum were found matted together. A coil of bowel of a greenish colour, and moderately distended, was found in the pelvis, bound down by a second omental band, which existed as a narrow cord, and was attached to the right cornu of the uterus. It was this band that had caused death. The obstructed bowel included six or eight inches of the ileum, three inches from the cæcum. In conclusion, Mr. Bryant spoke in favour of exploratory operations.

The PRESIDENT agreed with Mr. Bryant in thinking that more lives would be saved if the operation of gastrotomy were more frequently performed and earlier. Many physicians hesitated to recommend the operation, remembering how often patients with the symptoms described, although on the verge of death, were seen to recover without any operative measures being taken.

Dr. Crisp and Mr. Maunder also took part in the discussion.

Dr. PURCELL exhibited a Kidney which contained a large renal calculus *in situ*. It was obtained from the body of a man aged sixty-four, who died suddenly. The patient had been paralysed during the last eight years of his life, and had often complained of rigors and pain in the chest, extending down his left arm. No symptom had ever developed itself sufficiently to warrant the diagnosis of such a calculus being present.

Mr. SPENCER WATSON showed a patient on whom he had performed several operations for the relief of the deformity resulting from a burn on the neck and face. The contraction of the cicatrix in the neck had caused diversion of the lower lip, overflow of saliva, and dragging of the cheeks and lower eyelids. The boy, now aged eight years, can completely close his mouth, and has no overflow of saliva except slightly during his meals. The skin of the neck, which was drawn in a straight line from the chin to the sternum, now follows the curves of the under jaw and neck without any dragging upon the lower lip or cheeks.

Mr. W. ADAMS read a paper on

THE GROWTH OF CICATRICES FROM WOUNDS MADE IN EARLY LIFE, AND THE SUPPOSED WEARING OUT OF CICATRICES.

In reference to the growth of cicatrices, four casts were shown taken from the feet of the same child at an interval of six years and a half, and proved that a cicatrix on each foot had grown during that time fully an inch in length. The wound was made through an operation for the cure of club-foot when the infant was ten months old, by cutting away the loose skin which could be pinched up on the convexity of the club-foot, with a view of producing contraction by the cicatrix, to overcome the inversion of the foot. No tendons were divided. Mr. Adams afterwards cured the case when brought to him by tenotomy; the child came under treatment again six years and a half afterwards, and it was then seen that the cicatrices had each increased fully an inch in length. The next case was that of a young lady who, when a baby a year old, was operated on for a nævus by excision in the region of the breast. The scar left at the time was less than an inch and a half, but at nineteen years of age it was found to have increased enormously, measuring three inches in length, and varying from three-quarters of an inch to an inch and a half in width. These cases proved that when a portion of skin has been destroyed, the cicatrix appears to be persistent through life, and to grow *pari passu* with the rest of the body, or rather with the portion of the body over which it may be placed. The increased size of the vaccination scars seen in the adult, as compared with the scars in children, and also the large bald patches seen on the scalp of the adult when small nævi had been removed in infancy, were also alluded to by the author. With regard to the supposed wearing out of some cicatrices, Mr. Adams believed that the only scars which do wear out are those which result from superficial cuts, which do not penetrate through the deeper layers of the skin into the subcutaneous fat. When the deeper layers of the skin are divided, as in the lancet wounds of bleeding and in tenotomy operations, a gap is formed between the divided deeper layers of the skin, which retract in consequence of the abundance of yellow elastic fibrous tissue in its structure. Lymph is then effused in the gap, and while fibrous tissue is forming, the cicatrix structure is developed. Once formed, this appears to be a permanent structure, growing as the part grows, and we have no evidence to show that it is ever absorbed or undergoes any process of wasting. There are two reasons for this permanence of cicatrix tissue, first that the tissue is sufficiently well organised to be able to maintain itself in the general nutrition of the body; secondly, that the cicatrix tissue is so widely different from the structure of the true skin that it never can become assimilated to it, or resemble it in either the naked-eye or microscopic appearances.

Mr. Brudenell Carter, Dr. Crisp, Mr. Jabez Hogg, Mr.

Hainworth, Mr. Hemming, and the President took part in the discussion. Mr. Adams replied, and the meeting adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 18TH, 1873.

DR. W. H. DICKINSON, VICE-PRESIDENT, IN THE CHAIR.

MR. KESTEVEN showed, for Dr. Ewart, a Spinal Cord from a case of reflex paralysis. The patient was a lady, aged twenty-two, a primipara, who died in the seventh month of pregnancy. When about two months pregnant she set out for India. Soon after she complained of a weakness in the legs; this increased, and she could not stand upon one leg; then she lost power in the other leg; the right arm became affected; and the paraplegia became complete. There was no loss of sensation, and the sphincters were not affected. The temperature was at times raised (99·5°); the pulse varied from 100 to 120. The paralytic symptoms increased; difficulty of swallowing came on; and it was recommended to bring on premature labour. This was attempted first by galvanism, then by a sponge tent: she was somewhat relieved, but died about two days afterwards. The spinal cord was removed, and sent to the Society to be examined, which was done by Dr. Lockhart Clarke and Mr. Kesteven; the latter of whom read the report, which showed that there were very widespread changes in the substance of the cord.

The PRESIDENT thought the case would have been better described as one of myelitis, considering the important changes in the cord.

Dr. MURCHISON asked if thermometric observations had been made before abortion was brought on.

Mr. KESTEVEN considered it a case of subacute inflammation of the cord. There were some thermometric observations made, but he had only read an abstract of the paper accompanying the specimen.

Mr. PUGIN THORNTON showed two specimens of Cancer of the Larynx. The first was from a woman aged thirty-six, who came to the hospital with an enlarged thyroid, and had a stricture of the œsophagus. She was fed for a time by enemata, but died exhausted. At the autopsy a growth was found in the posterior wall of the trachea, extending from the third to the sixth ring; it was epitheliomatous. The other viscera were healthy. The second case was a woman aged forty-two. She was spitting blood without cough, had difficulty of swallowing, stridulous breathing, and was losing flesh. An abscess formed on the right side of the neck and opened, leaving a fistulous tract communicating with the œsophagus, and through which food passed. At the autopsy a growth was found below the cricoid cartilage blocking the œsophagus for half an inch; the cervical glands were enlarged and secondarily affected; the growth was epitheliomatous.

Mr. JOHN WOOD showed a Cancerous Breast removed from a gentleman aged sixty-eight. It had been noticed for about nine months—at first a hard lump near the nipple; this increased, and became lobulated and painful. Three weeks ago there was hæmorrhage from the nipple and the tumour enlarged. None of the axillary glands were affected. The growth was scirrhous, and on section a number of dilated cavities filled with blood were seen. The occurrence of cancer in the male breast is somewhat rare. Sir W. Fergusson had operated three times for such, and Sir W. Lawrence mentioned three cases. (This specimen was referred.)

Mr. HULKE said he had seen three cases of scirrhus in the male breast during the last four years at Middlesex Hospital.

Dr. CAYLEY said that cancer occurring in the male breast had the same tendency to affect other organs, and to recur, as in the female.

Dr. GOODHART showed a Mediastinal Tumour from a case of exophthalmic goitre. The patient, a woman aged twenty-six, died under anæsthesia. He had no history of the patient. The thyroid gland was enlarged, the inferior thyroid veins were enlarged and dilated, and communicated with the innominate by small channels. A part of the thyroid ran down to the mass in the mediastinum, which consisted of a great overgrowth of the connective tissue. The lymphatic glands were enlarged, and the thymus gland was large. He had dissected out the large ganglia of the sympathetic, which were healthy. The capsule was thickened. The heart was slightly hypertrophied, weighing ten ounces. This condition of the thymus was rarely seen. He thought it depended upon an intracranial neurosis.

Mr. ARNOTT asked what evidence had been found of intra-cranial neurosis.

Dr. CRISP asked if the blood had been examined, and were the white blood-corpuscles in excess.

Dr. POWELL asked if the thymus gland was adherent to the tissues around. In a more advanced case he could find no trace of the gland. Might not the prominence of the eyes be due to the difficulty in the circulation?

Dr. GIBBON thought the condition was more dependent upon the actual state of the blood than upon a neurosis.

Dr. GOODHART said the blood had not been examined. The thymus gland was encapsuled, and not adherent to the tissues around.

Dr. CRISP referred to the enlargement of the thyroid in thorough-bred colts, and to the observations of Mr. Lord, who, travelling in South Africa, noticed that at a certain altitude all dogs had an enlarged thyroid.

Mr. BUTLIN exhibited part of the Ulnar Nerve, showing the effects of an injury inflicted fourteen years ago. A man was admitted into Bartholomew's Hospital with a broken back. A few days before he died a scar was noticed on the left forearm. The little and the ring fingers were contracted, and the muscles of the hand wasted. Fourteen years before the left arm had been injured, and he had had numbness of the inner side of the hand for a time. At the autopsy, about six inches of the ulnar nerve was removed; the nerve three or four inches above the scar was healthy. About three-quarters of an inch above the part wounded there was a bulbous swelling as in stumps. The lower part of the nerve was atrophied; there appeared no connexion between the two parts of the nerve; the nerve was attached by cicatricial tissue to the tendon of the flexor carpi ulnaris. On examining sections of the nerve microscopically, in the upper part the nerve-fibres were normal, or but little altered; in the lower part, here and there an axis-cylinder; the rest was connective tissue. The interest of the case was in this: that the man had sensation in the parts supplied by the ulnar nerve, and yet no connexion apparently between the two ends of the nerve.

In reply to Mr. Waren Tay, Mr. BUTLIN said no observations had been made as to any difference of temperature on the two sides of the injured finger.

The PRESIDENT asked if the upper part of the nerve ought not to have been wasted, as it is found in stumps.

Mr. JOHN WOOD asked if the connexion between the median and the ulnar was large, or was the dorsal branch of the ulnar enlarged?

Dr. BROADBENT said the case was not singular. There appeared some way of conveying sensation from parts the nerve to which had been divided.

Dr. GEO. HARLEY thought that if one axis-cylinder was found, and there were said to be several, he would be satisfied that there was a communication. He asked if the cicatricial tissue had been examined for nerve-structure.

Mr. BUTLIN said that sensation returned ten or eleven weeks after the wound. He thought it was not only necessary to have axis-cylinders, but also to trace them up through the cicatricial tissue, which was exceedingly difficult.

Mr. KESTEVEN showed a Brain which had been injured in the following way:—A boy, aged thirteen, fell from a load of straw with a pitchfork in his hand; one of the prongs entered the skull behind the ear and went its whole length, and was bent on itself for about two inches. The boy was taken up pulseless and unconscious, and remained so for two days, when opisthotonos set in. He lived for nine days.

Mr. KESTEVEN also brought forward two cases of Disease of the Spinal Cord, showing drawings and microscopical sections. A patient had had paralytic symptoms for seven years. It began with loss of power in the arm, the fingers were contracted, and the muscle wasted; then loss of power in the lower limbs, and pain in the arms and legs. The cord was found diseased, the left half was smaller than the right through the whole length; it was especially atrophied in the middle dorsal region. The symptoms during life did not lead him to suppose that there was any alteration in

the two sides of the cord. In the second case the patient, a lady, had had puerperal mania after each confinement for two or three months. She died exhausted. On examining the cord, the posterior vesicular column was absent for one inch in the lower dorsal region. On making sections of the brain many spots of miliary sclerosis were found. There were no symptoms during life referable to the cord.

The PRESIDENT asked if the brain had been kept in spirit or chromic acid, as spots having the same appearance as those of miliary sclerosis are found when the brain is kept in spirit, but usually crystals are then found in the spots.

Mr. KESTEVEN said he had noticed the spots in a brain kept in chromic acid. Miliary sclerosis was a common disease of the brain and spinal cord.

Dr. CRISP brought forward two interesting cases of disease in birds. The first was a case of intestinal obstruction occurring in a young Bramapootra cock, on which he had performed œsophagotomy. The bird having been poisoned by arsenic, he washed out the crop and stitched it together, but found the wound would not heal, though he pared it several times. On killing the bird he found there was no disease of the œsophagus below the proventriculus, but the opening was blocked up by a large piece of the ligamentum nuchæ of an ox, which the bird had swallowed. The second case was one of which he had heard no mention before—an aneurism in a bird. A young cock was killed for the table; on examining the intestines a tumour was found projecting from the gizzard. This was an aneurismal tumour, the walls of which were made of elastic tissue, and had been caused by a pin which the bird had swallowed being forced by the gizzard into the gastric artery.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOV. 5TH, 1873.

DR. E. J. TILT, PRESIDENT, IN THE CHAIR.

DR. PLAYFAIR exhibited a specimen of Malignant Sarcoma, apparently originating in the right broad ligament, but which at death nearly filled the whole abdominal cavity. The points of interest in the case appeared to be—1. The difficulty and obscurity of the diagnosis during pregnancy, there being nothing in the physical condition of the patient to cause the least suspicion of the real nature of the tumour. 2. The extremely rapid growth of the tumour after delivery. This pointed to the probability of the growth having been kept in abeyance, as it were, possibly by the presence of the gravid uterus.

DR. WILTSHIRE thought the case might be an example of a polypoid growth arising from a clot which had become organised.

DR. PLAYFAIR exhibited a specimen of Necrosis of the Pubic Bones following delivery, which he said was a form of puerperal disease of extreme rarity. Three weeks after labour an abscess burst at the anterior portion of the left labium, and a highly offensive discharge came from the vagina. The upper part of the thigh became œdematous; an incision was made, from which bad-smelling pus was evacuated. The patient soon after died from exhaustion. The ossa pubis were found necrosed, and the symphysis destroyed. Dr. Playfair thought the disease originated in some obscure form of septicæmia rather than in a purely mechanical cause.

DR. AVELING asked if the measurements of the pelvis were taken. From the bones exhibited he thought it must have been below the normal size. If this were the case, inflammation might have been set up in the symphysis in consequence of mechanical disturbance taking place during delivery.

DR. ROUTH asked if the patient had received any blow on the pelvis before confinement.

DR. MEADOWS and DR. SQUAREY stated that they had seen similar cases.

DR. HAYES asked if the case began with the ordinary symptoms of puerperal fever.

After some remarks by Drs. GRIGG and WILTSHIRE,

DR. PLAYFAIR replied that he had not measured the pelvis, as it appeared to him of the usual size. There was no history of the patient having received a blow.

DR. AVELING exhibited a new instrument, which he called a "Loop Saw," which he believed might be used with ease and advantage in some cases where the écraseur was at present employed. It consists of two tubes with pulleys at the upper end, over which a loop of whipcord or chain works. The two tubes are united by a hinge at the handle, and the tumour is divided by drawing alternately upon the ends of the cord. As the loop divided the tissues from below upwards, there was no passing of the cord over the tumour, as was the case with the écraseur.

DR. SQUAREY read

A NOTE ON THE CURE OF FLEXIONS OF THE UTERUS BY FLEXIBLE STEMS.

The author had been induced to try the curative effects of flexible stems in consequence of his belief that inflammation was sometimes set up by stems which were rigid. His stem speedily cured pain resulting from the retention of the catamenial discharge, and the removal of this pain had a curative effect upon flexions. There seemed a natural tendency to recovery when the most troublesome symptoms were removed.

DR. AVELING stated that he had exhibited to the Society in 1866 a flexible intra-uterine stem of coiled wire, and suggested that Dr. Squarey's instrument might be improved by the introduction of a coil inside the india-rubber. It would then have the power of straightening in the uterus, which it at present lacked.

DR. ROGERS said that he had found great advantage to arise from the employment of flexible stems.

DR. ROUTH hoped he would have the opportunity of entering upon the whole question at the next meeting.

DR. HEYWOOD SMITH thought it best to use stiff stems, and keep patients quiet till they could bear them.

DR. PLAYFAIR could not understand how a stem which adapted itself to flexed conditions of the uterus could have a curative effect.

DR. GODSON had seen great relief given by the use of flexible stems similar to Dr. Squarey's.

DR. BLACK communicated for Dr. A. FARR

A CASE OF SPONTANEOUS SALIVATION, ASSOCIATED WITH PREGNANCY.

The mother of four children, pregnant for the fifth time, suffered from such excessive salivation that it was considered necessary to propose the induction of premature labour. The symptoms, however, suddenly abated upon the occurrence of quickening, and the patient speedily regained strength, and required no further medical treatment.

DR. WILTSHIRE read a paper

ON THE COMMON SKIN DISEASES OF CHILDREN.

The forms of skin disease described were of two classes—parasitic and inflammatory. Scabies and ringworm in the former; and erythema, eczema, and impetigo in the latter. The author dwelt on the importance of looking to the general health in the parasitic skin diseases, as well as to the local treatment. He also pointed out that the seats of eruption in the infant and little child varied somewhat, and explained why. The treatment thought most appropriate was indicated. Stress was laid on the importance of diagnosing the superadded skin affections in the parasitic forms, such as urticaria, eczema, ecthyma, &c., from the eruption proper to the parasite. With reference to the inflammatory skin diseases, it was pointed out that much clearer ideas of the pathology of the various forms of eczema, erythema, and impetigo were gained by regarding them all as varieties of dermatitis. The clinical and diagnostic features of each variety were detailed, and remarks were made on some peculiarities as regards these affections in children. The paper concluded by practical remarks on treatment.

DR. CLEVELAND remarked upon the necessity of attending to the general health; local remedies without this were often useless. He had found arsenic useful in scabies; exposure to the air and a solution of nitrate of silver in intertrigo. With regard to eczema, he had found arsenic-and-zinc ointment useful.

DR. RASCH had seen many cases of itch amongst the Polish Jews, who were very dirty. They had it all over their bodies, and whole families were smitten with it. He had never given anything internally for it, having found external treatment perfectly satisfactory.

DR. HAYES said that he had always found sulphur ointment would cure any case of itch.

Dr. PHILLIPS remarked that he did not think constitutional remedies were necessary in itch. The importance of recognising the influence of improper food in producing eczema should not be overlooked. Now that we had a national education plan he thought we ought to have some elementary teaching in physiology. We could not expect to have decreased mortality among children until women knew how to feed them.

Dr. WILTSHIRE agreed with Dr. Cleveland's views as to the necessity for constitutional treatment. Arsenic was of most use in chronic eczema.

Reviews and Notices of Books.

A Handbook of the Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M.D., B.Sc., &c. pp. 1031. London: H. K. Lewis.

EVERY year increases the difficulty of writing a book on practical medicine. The great variety of subjects to be discussed, and the large amount of literature necessary to be consulted upon each subject, deter most practitioners from making the attempt. Nevertheless, Dr. Roberts has accomplished his task in a satisfactory manner, and has produced a work, mainly intended for the use of students, that will, we doubt not, be cordially welcomed by them.

The author has divided his work into three sections: an introduction, including a few remarks on the causation of disease and symptomatology; section second, in which he discusses the principles of general pathology; the third being devoted to the consideration of general diseases.

In the introduction he urges the necessity of the student being thoroughly and systematically grounded in the art of "taking cases," and lays down a short plan to assist him in so doing, which, however, does not seem materially to differ from those generally recommended in our various medical schools.

He introduces his readers, in the second section, to congestion, dropsy, hæmorrhage, inflammation, and other morbid conditions, which are comprised under the head of "general pathology." When speaking of the treatment of each, he enumerates such a variety of remedies that we cannot but think the student will be rather confused than assisted. Thus, under the head of hæmorrhage, we are told that "the internal administration of astringents in full doses is often called for; acetate of lead, gallic and tannic acids, sulphuric acid, alum, oil of turpentine, ergot of rye, matico, and tincture of steel constitute the most important. Some of these may be appropriately combined, and tincture of opium or digitalis forms a most useful addition. Recently a subcutaneous injection of ergotine has been employed" (p. 48). Probably the addition of a few formulæ would have been useful, to show the reader how best to combine the action of the various drugs thus presented to his notice. The ignorance of many medical students in the present day as to the doses of medicines and their combination often strikes us with surprise. It is not at all uncommon to meet with a student who is able to answer any question respecting the pathology and diagnosis of a case, but who is quite incapable of writing a prescription for its treatment.

The chapters on general diseases are well and carefully written, but we have to regret the almost total absence of illustrations. Two are given to explain the use of the sphygmograph, but as every student of physiology is supposed to be acquainted with the indications afforded by this instrument, these were really but little required. To describe the microscopical appearances of tubercle or of cancer without the help of drawings appears to us a mere waste of time. Their absence is almost certain to give rise to very erroneous ideas in the student's mind respecting the structural alterations produced by disease.

Dr. Roberts has given both of the present views regarding the nature of tubercle, so that the student may make himself acquainted with each. He says:—"The view almost universally held until within a comparatively recent period, and which is still entertained by many eminent observers, is, that *tuberculosis is a peculiar constitutional or diathetic disease, which leads to the deposit of a special substance on the tissues—viz., tubercle, this being originally a fluid exudation from the bloodvessels, which by its coagulation forms a molecular blastema, the molecules aggregating together to form cells.* Many pathologists totally ignore the constitutional nature of tubercle." On the other hand, he states:—"*At present an opinion widely held is that true tubercle is the product of an infectious disease, being the secondary result of the absorption of cheesy morbid products into the blood, which somehow acts as a poison, and gives rise to a specific inflammation*" (p. 291).

The remarks on diagnosis seem to us the weakest part of the volume. The author does not sufficiently enter into the difficulties usually experienced by students, nor does he contrast the symptoms of a disease with those of the other diseases likely to be confounded with it. For example, he tells us that "*hydatid tumour* is liable to be confounded with distended gall-bladder, soft cancer, right pleuritic effusion, abscess which has become somewhat chronic, aneurism, cystic disease of the kidney, or hydatids outside the liver" (p. 780). There are, however, no directions afforded as to the signs or symptoms by which the hydatid tumour may be distinguished from these various other affections, and consequently the student is left in dread of the different errors he may commit without being instructed how to avoid them.

Most of the observations on treatment are carefully written, and are well worthy of attentive study. With respect to the employment of digitalis in diseases of the heart, he gives the following as the main practical facts:—"When the action of the heart is rapid, irregular, ineffective, or embarrassed, the pulse being weak, the good results of the use of digitalis are seen, in that it calms the heart, makes it act regularly, more vigorously, often relieving unpleasant local sensations, while the pulse is thus improved, becoming less frequent, stronger, fuller, and more regular. If it appears to produce irregularity, or intermittency, with much feebleness of pulse, digitalis should be discontinued" (p. 578).

The author is indebted to Mr. John Tweedy for the chapters on skin diseases and their treatment—a thoroughly reliable and practical exposition.

We have only to add that the arrangement of the book is good, and the style clear and simple. The plan adopted by the author of prefacing the description of the individual diseases of the several organs or systems by an outline of the clinical phenomena which indicate a morbid condition of each, is likely to be useful. We believe the book will form a valuable addition to the handbooks at present in use by the students of medicine.

De la Numération des Globules Rouges du Sang. Par L. MALASSEZ. Paris: Adrien Delahaye. 1873.

IN this little *brochure* M. Malassez gives an account of the various methods of estimating the number of blood-corpuscles that have been suggested, including those of Vierordt with Welcker's improvements, Cramer, Mantegazza, and Potani, on which last method his own is founded. M. Potani's arrangement consists essentially in a thermometer tube about four inches in length, near one extremity of which the tube is enlarged into a little ampulla. The capillary portion is graduated. The extremity is plunged

into blood, and by aspiration at the opposite end of the tube, rendered more easy by a caoutchouc tube attached, blood is sucked up till the margin of the ampulla is reached. Artificial serum is then drawn up through the capillary portion, and a thorough admixture of the two is effected in the ampulla by shaking a small globule previously introduced into it. The size of the ampulla is such that it is exactly a hundred times larger than the graduated portion of the tube; consequently, when the two are mixed the blood is diluted to that extent. The pure serum in the graduated part is expelled by an act of expiration; a bubble of air is introduced to serve as an index, cutting off or limiting a certain portion of the column of the mixed fluids. The number of corpuscles is then directly counted by expelling them in small drops under the microscope. M. Malassez uses a flattened tube which does not require the expulsion of the corpuscles, but permits them to be counted *in situ*, and gives many other details which render the apparatus more perfect.

He finds in the cubic millimeter of the arterial blood of the dog from 3,410,000 to 3,780,000 corpuscles; in the arterial blood of the rabbit 4,700,000, and in the venous 4,900,000; in the arterial blood of the guinea-pig 390,000, and in the venous 4,300,000. Considerable differences appear to exist in different parts of the circulatory apparatus, as in the hepatic, mesenteric (during digestion), glandular, and pulmonic vessels, due either to real diminution (destruction) of the red corpuscles or to increase in the watery parts of the blood when the increase is only apparent. The essay is an ingenious one, and will repay perusal.

Mission from Cape Coast Castle to Ashantee, with a Descriptive Account of that Kingdom. By the late T. EDWARD BOWDICH, Esq. New Edition, with Introductory Preface by his daughter, Mrs. HALE. London: Griffith and Farran. 1873.

To those who have been collecting information as to the Gold Coast and the kingdom of the Ashantees, the great merits of Bowdich's work are sufficiently known, and for those who are seeking for some book which will give them accurate, useful, and interesting information on a subject which is at present engrossing much attention, we know of no better than the narrative of this mission by Bowdich.

Foreign Gleanings.

ADMINISTRATION OF ARSENIC TO PHTHISICAL SUFFERERS.

L'Union Médicale sums up Dr. Jaccoud's experience of the above, as related in the recent publication of his clinical lectures. "Arsenic powerfully ameliorates the nutritive process in chronic pulmonary phthisis. It abates nervous excitement, and possesses a marked antifebrile action, which can combat efficaciously the evening intermittent attack. Dr. Jaccoud exclusively prescribes granules of arsenious acid, containing one milligramme each of the substance ($\frac{1}{65}$ gr.). They are taken at the beginning of the two principal meals. Dr. Jaccoud begins with two granules daily, and every eight days the dose is increased, until it attains from eight to ten a day, which is the maximum dose. This maximum dose is kept on as long as there is no production of acute symptoms, with pseudo-continued fever."

ON HÆMOGLOBIN IN VARIOUS DISEASES.

In a memoir on the above, presented to the Academy of Sciences, the author, Mr. Quinquand thus summarises his conclusions:—1. Cancer, chlorosis, and sometimes tubercular phthisis in its third stage, are the diseases which lower the most the proportion of hæmoglobin. 2. In typhoid fever, on the twelfth day of the attack, hæmoglobin scarcely goes down below 115, whilst at the same date of granular phthisis it is only 90. 3. In cancer of the viscera, hæmoglobin descends to 40 and even 38, whereas in other tumours (cysts, fibrous tumours) it remains at about 80. 4. In chlorosis hæmoglobin descends to 57, in tuberculosis to about 100 only. 5. When, on typhoid fever occurring in a healthy individual, the proportion of hæmoglobin descends to 96, the prognosis is grave. Dr. Quinquand has drawn up a complete table, in which the varying proportions of hæmoglobin in the above and in various other diseases (such as Bright's disease, dysentery, pleurisy, intermittent epilepsy &c.) are noted, and may be consulted for the purpose of diagnosis.

INHALATIONS OF MURIATE OF AMMONIA IN CHRONIC AFFECTIONS OF THE CHEST.

In a recent communication to the *Société Médicale des Hôpitaux* Dr. Libermann described the results which he had obtained through the employment of an inhalating apparatus, containing muriate of ammonia, in chronic diseases of the respiratory organs. A description of the apparatus was given, by which it appeared that it was handy, applicable to children, and available for inhalations of a great number of volatile substances. The good results afforded by the drug were attributed to its exciting, irritating action, which produces a revulsive effect. The cases which especially benefited by muriate of ammonia thus employed included clergyman's sore-throat, in its chronic inflammatory form, and which was rapidly amended, and sometimes speedily healed; chronic bronchitis, which, through its catarrhal element, was invariably amenable to the action of the remedy; and nervous affections of the air-passages, especially convulsive cough and the various forms of idiopathic asthma.

ON VIABILITY OF CHILDREN BORN BEFORE TERM.

It is generally after the seventh month of intra-uterine existence that a fœtus is apt to live, and after this period the chance of existence increases as the child nears the time of normal accouchement. This rule, based upon age, does not always hold good, however, as a child of seven months may be better adapted for life than one of eight. Considerations in connexion with size, weight, muscular strength, more or less advanced organisation of skin and nails, are also important; but Dr. Lavirotte, in *Montpellier Médicale*, lays far greater stress on the observation of the functions of the internal organs. The child must be able to breathe sufficiently in order to vivify its blood, and weak breathing is a bad symptom. It must also take food; and the degree of vitality of a child should be based on the way it does so, and on examination of its fæces, rather than on its external appearance.

CASE OF PURULENT INFECTION AFTER EXTRACTION OF A TOOTH.

The case was that of a man of strong constitution, who had recourse to a horse farrier for the extraction of one of the last left molars. The gums were violently contused, and a fragment of the alveo-dental periosteum torn away. A few days after the following symptoms occurred:—Headache, insomnia, fever, horrible fetor of breath, inflammation of the left cheek and gums, with formation of an abscess. Notwithstanding energetic treatment, the patient died two or three days later. The author draws attention to the importance of not wounding the gum in extraction of teeth.—Recorded by Dr. Bouyon in *Courrier Médical*.

CASE OF EMBOLISM CONSECUTIVE ON FRACTURE OF THE LEG.

At a recent sitting of the Academy of Medicine, Dr. Demarquay communicated the above case. The patient was a woman of forty-six. She had broken her leg thirty days before, and she died suddenly whilst dressing. A clot of blood twelve centimetres (about five inches) long, and of an ochre colour, was found in the pulmonary artery. It had, on reaching the division of the artery, bent to the left, and filled up part of the left pulmonary artery. In the right cavity of the heart were found various fragments caught in the strings of the heart. The pulmonary lobes showed black, hard, apoplectic patches.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 29, 1873.

THE case of cholera that occurred recently in Wapping, and which was recorded in THE LANCET of last week, assists, among other evidences that we have lately observed, to show the importance of those sections of the Public Health Act that relate to Port Sanitary Authorities. Indeed, it is now seen clearly enough, and, as a matter of course, that the health authority of one or other of our ports must, in the first instance, be in some sort of way implicated in the introduction of cholera into this country. During the past autumn we have had four such instances, one of which occurred at Southampton, and three in London, these two places being precisely those from which and to which flow the strongest and swiftest currents of communication with the continent of Europe; for the commerce of the Thames includes every week regular arrivals from Hamburgh, Rotterdam, Antwerp, Dantzic, Cronstadt, and all the northern French ports, and Southampton has with the latter now almost hourly communication. The class of living freights, too, brought by such vessels as arrive at these ports, and also in smaller numbers at Hull, Grimsby, and Harwich, are more likely, as we take it, to bring with them the germs of the disease than those travellers who come by the more direct routes through Folkestone and Dover; and the experiences recorded above would appear to justify this opinion. And, inasmuch as the sea passage in these lines of steamers rarely in any case exceeds twenty-four hours, and is often much less, we know as a fact that the utmost vigilance on the part of medical inspectors and Customs' officers will not and cannot always ensure the exclusion of the disease in the person of an individual who lands apparently well and falls sick some hours afterwards. In spite, however, of this great and grave difficulty, as regards our chief enemy cholera, port sanitary authorities may do a great deal by the adoption and maintenance of collateral precautions; and we are glad to know that in London and at the outports these precautions are being adopted, and, with the aid of the Medical Department of the Local Government Board, are gradually being systematised. The first thing needful is, of course, to know in what parts of Europe the epidemic exists; and even with all official aids from head-quarters, this, in consequence of commercial proclivities, is no easy matter. The second is the strict (but, in the interests of trade, quick) examination at the mouth of the port of all vessels that arrive from infected and suspected ports. This important piece of work has, up to the present time, been carried out in various ways at different places; and it is very desirable that some precise system should be sanctioned by the Whitehall and Customs authorities. But direct precautionary measures must be followed up by a regular surveillance of such vessels while they remain in port. In nearly all cases these ships keep their crews on board continuously, so that it is specially necessary to inspect berths, closets, and latrines, and to make particular inquiries as to the water-supply. It is within our knowledge that many vessels, to save expense, fill up their deck tanks with water from the continental rivers a few miles only below the towns situated on these rivers, and that hence, as a consequence, the ships' crews are supplied for drinking purposes with water that must be more or less polluted with organic matter. And again, even when the water-supply is always obtained in England, there is good reason to believe that the tanks are seldom and insufficiently cleansed. The storage of water, important as it is on land, is of still more consequence on board ship, for in the latter case we cannot go to another market for a second supply. It is therefore the duty of port medical officers to examine very closely into the state of the water tanks, and to recommend a complete pumping out and thorough cleansing at frequent intervals. Where floating tanks are used by the water merchants, these latter also require inspection. Where the number of the crew is very large, and the vessel is in dock for some time, the closets of the ship should be permanently closed, and the dock authorities required to make provision for the men ashore; for the evils of converting a dock into a cesspool can hardly be exaggerated. We shall take further opportunities of recurring to the many other duties devolving upon port medical officers, as the subject is growing daily in importance and the work is really of a very responsible character. For these reasons, if for no other, the port sanitary authority in each and every district should keep neighbouring districts continually informed as to any matters that may affect the health of the shore population, and that not as to cholera alone, but as to the existence, or suspected existence, of any contagious or infectious disease afloat. Many port sanitary authorities still appear to assume that they were constituted solely for the purpose of combating cholera, forgetting that, in the terms of the Act under which they exist, ships are classed as houses, and must be treated accordingly.

"LA vostra Roma non mi piace appunto," said King VICTOR EMANUEL to LANZA after making the round of the city for the first time. It is only, however, in certain sanitary respects that we share this unfavourable opinion of his unæsthetic Majesty. Rome may yet become as much a health-resort as she has been an art-resort; but many reforms, we fear, will have to be effected before that happy consummation. To say nothing of the telluric poison of the Campagna, or the deadly breath of the Pomptine marshes, the city itself has long degenerated from the character given it by CICERO of being a "locus in regione pestilentiali saluber." Under papal misrule its thoroughfares and archways were sacred to the open and undisguised worship of St. CLOACINA; among the proverbially filthy "Jews' quarters" of Europe the Ghetto maintained a bad pre-eminence; while the "cives Romani" themselves had a sallow, prematurely old, flaccid look that can have astonished no one who knew their dwellings. Even in the higher ranks the conditions of life were not favourable to physical or mental robustness. Their huge, dreary palazzi, when, thanks to the absenteeism of their owners, they became the winter residence of the "milordo Inglese," were

found deficient in the appointments or comforts of civilised existence, while proving disastrous to many an inmate for whose consumptive habit the physician had prescribed "a winter in Rome." Nothing, in short, but the overmastering fascination which the Eternal City possesses for the votary of classical, early Christian, and mediæval art can account for the increasing presence of "strangers within its gates." Nothing but the traditional glory which it inherits from the Republic, the CÆSARS, and the Sovereign Pontiffs, can explain its being now, what all Italian patriots yearned to make it, the capital of united Italy.

Piedmontese energy has been infused into its government; one most gratifying proof of which has been the attention at last bestowed on sanitary reform. About a year ago a commission on the hygienic and agrarian condition of the Campagna embodied its labours in a report, the suggestions of which will soon set the drain and the steam-plough in active operation on that pestiferous waste. In the city itself the municipality has exerted itself with a "zeal" which is none the less sincere that it is not always "according to knowledge." Last summer, for instance, the Communal Council decided to keep open during the night five dispensaries, at each of which a medical man possessing the double qualification of physician and surgeon should be in attendance to meet every emergency. For each night of effective duty that functionary was to be rewarded by the Directors of Public Health with a fee of five francs—a bribe which, doubtless, secured the services of practitioners of the highest order, considering that it is just half what a waiter gets in the Roman season at a dancing party, and just a fourth of what the pianist gets for playing to the guests. It was, moreover, but the other day that the Syndic PIANCIANI hit upon the happy idea of keeping out the cholera by establishing at the railway terminus a fumigation hall in which all the arrivals might be subjected to a vapour bath of chlorine, and so get rid of the fomites and germs of which they were the unwitting conveyers. Where, however, bad drainage and impure water-supply hold out such a pressing invitation, King Cholera, travelling *incognito*, is not likely to be denied; and while the Syndic—good, easy man—was half-suffocating man, woman, and child at the Termini station, his atrabilious Majesty obtained the freedom of the city with the undisinfected luggage, and killed, between the 3rd and 9th of the present month, no fewer than twelve people. The Syndic's tactics, indeed, were not only ineffective, but disastrous. While allowing the cholera to come in, or, rather, while conniving at its presence in the water-supply, he scared many a visitor from Rome by his fumigation ordeal, and set the tradesmen and hotelkeepers abusing THE LANCET for deflecting the stream of custom elsewhere by its premature, if not ill-advised, hoisting of the sanitary storm-signal.

Dr. PANTALEONI, whose elevation to the rank of senator we are happy to observe, seems to owe us a grudge for our occasional comments on the hygienic condition of the city in which he is a leading practitioner, and, according to *The Times'* correspondent, is about to publish the result of his investigations on the public health both of Rome and of Naples. We shall be happy to peruse and to criticise them when they are fairly given to the world, though we suspect that Dr. PANTALEONI has little to add to his letter in THE LANCET at the close of last year. He then explained the excess of deaths over births in Rome by the fact, peculiar to that city, that its male population outnumbers its female by 34,000 souls, the difference being due to the recent influx of workmen without families, itself a formidable addition to the army of celibate priests and monks. Of course we are glad to read the Roman Registrar's returns by the light of that local knowledge which Dr. PANTALEONI'S thirty years' practice in the city has conferred on him, and are ready to retract whatever representation we may through lack of that knowledge have made. If he can prove to us that the sanitary arrangements of the city are good, that the water-supply is, as he stated it to be, "superior in quantity and quality to that of any capital in Europe," and that its hygienic condition is "excellent," none will rejoice more than ourselves, or be readier to admit that the excess of deaths over births and a mortality of from 33 to 37 per 1000 in the healthiest month of the year are explicable by accidental causes. A whole twelvemonth, moreover, of increased attention to sanitation cannot but have had its effect in lowering the returns of disease and death; and we shall be happy to ascribe to it the fact that, whereas the mortality for the week ending the 9th November, 1872, was 183, the mortality for the corresponding week of the present year is, according to S. SILVANI'S returns, only 141. The Roman Registrar's weekly tables are before us up to November 9th, and from them we gather that, while the population of the city is 244,484, the births between November 3rd and 9th were 155, the marriages 35, and the deaths 141. These returns S. SILVANI wishes us to interpret by the fact that among the deaths there are 63 who died in hospital, of whom 25 were inhabitants of the province, while 5 were persons passing through the city, making a deduction of 30 from the total mortality. For the population of Rome, therefore, as it stands, there would be a mortality of only 111, corresponding to the annual mean of 23·6 per 1000. This is a great improvement on last year, even though the present has been weighted by a cholera epidemic and an excess of tuberculous maladies. Rome, if she continues in the same path, will be, next to Turin, the healthiest city in Italy, Florence coming after her, then Venice, and, worst of all, Naples. At such a consummation, we repeat, none will rejoice more than ourselves—happy if our criticisms, always kindly, if open to correction in local knowledge, shall have contributed to it in any degree.

VERY few legislative enactments have excited more general interest of late years than the Licensing Act and the Adulteration Act. Both are intimately associated with our internal economy, and both influence to a great extent all classes of society. "What we shall eat and what we shall drink" is by no means an unimportant matter to the most of us, and the quality is of as much consequence as the quantity; for, whether it be the superlatively abstemious individual who drinks nothing but water and eats nothing but plain roast and boiled, or the denizen of "clubland" who habitually imbibes three varieties of (so called) vintage wines, and is not satisfied with less than six or eight courses, both desire purity as to the articles on which they feed, and

neither in the present generation can be by any means sure of obtaining it.

During the past month or so we have heard and read a great deal about the Permissive Bill and the Abolitionists; and the latter have been working hard, in view probably of the approaching general election, to bring to book Mr. BRIGHT and other prominent members of the House of Commons. Side by side with these interesting records in the daily journals crop up continually little paragraphs on the working of the Adulteration Act in various parts of the metropolis. The polyglot and somewhat antagonistic experiences of analysts, the "pulling up" of unlucky tradesmen by the inspector, and the imposition of the fine by the magistrate, are duly set forth for the benefit of consumers. We all know by this time that the Act has many defects, some of which are remediable, and will probably be removed next session. But although, doubtless, its operation has frightened many grave offenders into commercial paths less crooked than those in which they have formerly trodden, a great deal must be done before this measure can be fairly called just in principle and workable in practice. Though, as far as we are aware, no statistics are at present published showing whether more liquor than formerly is consumed in taverns by those who patronise such places, it is admitted on all hands that the Licensing Act has, by curtailing the hours allowed for imbibing, curtailed also to a considerable extent scenes of violent and riotous drunkenness. There are, however, in this as in the Act above quoted, several palpable errors of legislation, which will, as we may gather from the current of recent events, be remedied during next session by Lord ABERDARE'S successor.

We have briefly referred to these two Acts for the purpose of suggesting to the abolitionists the propriety of modifying their present unpractical and illogical line of action, and of contenting themselves by promoting a stringent and continuous application of the Adulteration Act to those who hold a licence for the sale of intoxicating drinks. Has it never occurred to the promoters of Sir WILFRED LAWSON'S Bill that the quality as well as the quantity of the drink imbibed has much to do with that intemperance which they describe as "incomparably the greatest evil in the land"? Have the abolitionists read certain accounts about dry sherry and champagne that have pervaded the papers during the past month, the one in association with an inquest, and the other with a charge of forgery?

It does not appear that our metropolitan analysts have as yet concentrated their attention on the drinks retailed at the public-houses and gin-shops of this vast city. If, as a body, they would for a little time devote themselves entirely to beer and brandy, we take it that a *locus standi* might be found on which to ground an opinion that quality more than quantity has to do with intoxication and all its subsequent ills. A moderate beer-drinker of the middle classes will tell you that at the East-end of London not one tavern in twenty sells over the counter a glass of his favourite fluid that is fit to drink, and no analyst is required to tell the marked difference that exists between home-drawn and public-house malt liquor in the vast majority of cases. It is perfectly well known that, in the low haunts of Wapping and Ratcliff-highway, fusel oil exists in most of the alcoholic drinks sold to our sailors, and the Commissioners of Excise have as yet done nothing to stop this palpable and dangerous adulteration. It appears to us, therefore, that the analysts may assist the promoters of temperance (and that in a temperate and efficient manner) by giving the drinking public the opportunity of buying fairly pure liquor. There can be no doubt that during the past few years chronic alcoholism has increased among the middle classes to a great extent, and that the series of morning "nips" of sherry (however good the quality of the sherry) is entirely indefensible from every point of view. But it is well known, on the other hand, that a good glass of sherry is the exception rather than the rule, and that the analysts might, when they have finished the beer and brandy question, very profitably go to this much-adulterated beverage. The sum of the matter is this—that, in their enthusiastic zeal for total abstinence as contrasted with temperance, the abolitionists have theoretically gone too far. We recommend them to take up with the Adulteration Act, and urge the application of its provisions with respect to drinks as continuously and persistently as the members of the Society for the Suppression of Vice attack offenders with the assistance of Lord CAMPBELL'S Act; for there, too, the quality, not the quantity, of the article is at fault.

THE bloodless method of operating appears to have become quite fashionable of late, and surgeons are endeavouring to extend it to every region of the body. Quite recently, a new application of an old principle has been introduced into England from Vienna by Sir HENRY THOMPSON—namely, the plan of removing tumours by gradual strangulation. It appears that when Sir HENRY was in Vienna a few weeks ago he had many opportunities of seeing the practice of Professor DITTEL, who has lately been performing gradual strangulation operations. By this means Professor DITTEL has removed tumours of all kinds, the testicle, the mamma, and even amputated the thigh. The details of action may best be given by describing the operation performed by Sir HENRY THOMPSON at University College Hospital on the 21st inst. for the removal of a diseased breast:—

A piece of india-rubber cord about the size of a No. 4 catheter is passed through the eye of a large curved needle set in a handle. Through the same eye a stout piece of whipcord is passed. The breast is then gently drawn from the subjacent tissues, and the needle carrying the india-rubber and the whipcord ligature is made to transfix the base. When the point of the needle has emerged, the india-rubber band is cut in two and the needle withdrawn, leaving the whipcord uncut. Each of the two india-rubber bands is now made to encircle half the mamma, and then tied tightly as in the operation for nævus. The operation, which is quite bloodless, is now complete. The constant pressure of the india-rubber cords causes linear sloughing, and in nine or ten days the breast separates. It may be added that the whipcord is passed through with the india-rubber cord, as the latter sometimes breaks, even after two or three days, as in the present instance. Sometimes only one side of the breast is tied at the primary operation, the other half being left until the first has been completely cut through. It will be observed that no cutaneous incision in

the skin was made; but Sir HENRY remarked that, although he wished to perform this particular operation exactly according to the rule of Professor DITTEL, he would in future prefer to make a slight groove in the skin in which the india-rubber ligature should lie.

Professor DITTEL claims for his operation—which, he says, is especially adapted for fistula in ano—a great immunity from pyæmia, inasmuch as by the gradual ulcerative process smaller openings are left for the absorption of septic matter. But although it is perhaps premature to offer a decided opinion on the merits of the operation, it will at once be seen that the advantage thus gained is almost nullified by the presence of a large sloughing mass in contact with the vessels for many days, and in the larger operations even for weeks. Moreover, at least one case of pyæmia has followed this operation. Further, against the plan of dividing only half the breast or half a tumour at a time it may be urged that the chances of secondary hæmorrhage are increased by throwing the full force of the blood-current on to the vessels of the unligatured side, so that the blood may escape from the distal surface of the separation.

It may be interesting to our readers to be informed as to the incident which Professor DITTEL asserts led him to think of the applicability of this operation for the removal of tumours. It seems that some months ago he was called to see a young girl who was suffering from severe nervous symptoms, and who was evidently dying. Next day, on making a post-mortem examination, he found that the rubber band of a hair-net which had been worn day and night for a month was deeply imbedded in the pericranial tissues, and had in one part cut through the walls of the skull and was pressing on the dura mater, which was in a state of acute inflammation. On inquiry it was ascertained that the girl had a cruel stepmother, who greatly objected to the loose and dishevelled locks of her daughter, and insisted, therefore, on the child wearing a net to keep the hair in place, with what effect our readers already know.

At some future period, when the case is more complete, we shall furnish full particulars of the subsequent progress and the result.

Medical Annotations.

"Ne quid nimis."

ABDOMINAL SECTION FOR INTUSSUSCEPTION.

THE paper on a "Case of successful Abdominal Section for Intussusception of the Ileo-cæcal portion of the Intestines," by Mr. Jonathan Hutchinson, which was read before the members of the Medical and Chirurgical Society on the 11th inst., opened up some questions in surgery on which the most diverse opinions are held, but the solution of which is of great practical importance. The report of the case, and a summary of the conclusions drawn therefrom, have already appeared in our columns; but the general merits of the case are sufficiently important to deserve further notice. Intussusception of the bowels is so rare that it seldom falls to the lot of one man to see more than a few cases, but is at the same time so urgent when it does occur that, unless the surgeon or physician is already *au courant* with the most advanced knowledge of treatment, the case may terminate fatally before he has determined the best mode of action. Hence the desirability of ascertaining the worth of any proposal which offers a safe and tolerably certain course. Although the recorded cases are widely scattered, a sufficiently large number may be found in surgical literature to furnish materials for something more than vague generalisations as to the diagnosis and the treatment of this affection. As it is, partly from the fact that few cases have come under the notice of any one man, and partly because the cases have fallen indifferently to physicians and surgeons, who naturally regard them from different stand-points, no definite conclusions have been drawn from the cases hitherto met with, and, as a result of the imperfect impressions thus acquired, different authorities have formed different opinions as to the best mode of treatment. Sufficient care has not been taken to differentiate the numerous varieties of the affection. Practically, the cases may be divided into colic, ileo-cæcal, iliac, and jejunal, and for each of these a different treatment may be required. For instance, the inflation of air, which has been lauded by some and condemned as useless by others, is evidently unfitted for cases of intussusception of the small intestines, and even for the very rare form in which the ileum is extruded through the ileo-cæcal valve, from the physical impossibility of forcing the air beyond the valve. Clearly, the only cases in which this treatment can be of any avail are the colic or ileo-cæcal varieties, and even here it often fails.

Seeing, then, that there is a certain class of cases which cannot be cured by ordinary means, it becomes a question whether the operation of gastrotomy does not present a fair prospect of success in some cases. It is true that numerous objections may be, and have been, urged against its performance, such as the serious nature of the operation, the frequent presence of peritonitis, with adhesions which would prevent the reduction of the bowel, and the clinical fact that some cases which were apparently hopeless recover either by spontaneous reduction or the separation of the invaginated portion. To this it has been replied that the operation is not more dangerous than the disease for which it is performed, and that a large number of autopsies have established the fact that peritonitis is by no means so frequent as is imagined, and that reduction is often not attended with any degree of difficulty. Moreover, before an operation is decided upon it is desirable that the nature and seat of the intussusception be carefully made out by examination through the abdominal walls and by the rectum, and, by estimating the severity of the symptoms, to ascertain the real conditions, and to determine whether adhesions are likely to be present or not. It is therefore necessary to distinguish between an incarcerated and a strangulated intussusception. In the latter the abdominal section would be an unjustifiable interference with the processes of nature, and would almost inevitably be attended with failure from the presence of firm adhesions. In the former variety, however, provided that all milder measures had failed, it seems that the operation holds forth the only hope of life, more especially if the case be of long duration, and be gradually increasing, as, in such cases, owing to the smaller degree of compression, adhesive inflammation is less likely to have occurred in the folds of the invagination. It is evident, therefore, that the operation is strictly elective, and cannot be indiscriminately applied in all cases or undertaken with precipitancy, but only after the fullest consideration of the conditions likely to influence for good or for evil the ultimate issues.

As Mr. Hutchinson's statements that peritonitis is rare, that the bowel may easily be withdrawn even when it looks black and gangrenous, and that in young children the dis-

case when left to itself is almost always fatal, are somewhat at variance with the opinions of most surgical writers on the subject, we must wait for more data before allotting to the operation of abdominal section for intussusception of the intestines a settled and recognised place in practical surgery.

THE WHOLESALE MANUFACTURE OF DISEASE.

OUR attention has been called to the Report of Dr. Watt, Deputy Surgeon-General at Ceylon, on the construction and general sanitary condition of a gaol there, known as the Welikada Gaol. The disclosures contained in that Report are simply astounding, and of such a nature that the details cannot be stated without awaking a feeling of disgust. The prisoners, not being allowed to leave their cells for the purposes of nature, are supplied with a porous earthenware vessel for the reception of all excreta. This vessel remains in the cell for twelve hours, and it appears to have been the case that as many as three or five men have been locked up in the same cell without a light, when these receptacles have been upset by the occupants groping in the dark to discover their position. In the association wards, when the doors and windows were closed at night, the ventilation could only take place through a small opening, eighteen inches square, on the ground of one side, and the tiles at the top of the room, for it had no ceiling. In this ward forty, and even as many as sixty, men have been confined for twelve hours at a time, supplied with a large wooden tub for the reception of all their excreta. The overcrowding must have been something awful with sixty inmates, for, with forty-seven men in this ward, each individual would have 258 cubic feet and 13·2 feet of superficial area. The hospital accommodation was quite in keeping with the rest of this establishment. It was utterly insufficient and unsuited for the purpose. There were seventy men lying on the floor without bedsteads, huddled together, with a cubic space of 560 feet and a superficial area of 21·7 feet per head, at the time of the visit of the Commission. The hospital is unprovided with latrines, urinals, bath and ablution-rooms. About the middle of 1870 cholera broke out in the prison, and about this time a large batch of prisoners was introduced into its pestilential atmosphere from Kurunegala, where typhoid fever had been prevailing. The sickness increased, of course, and before the end of the year fifty-three deaths had occurred: twenty from diarrhœa and dysentery, eight from cholera, and eight from typhoid fever. In 1871 the number of deaths increased to eighty from similar causes, especially from diarrhœa and dysentery. From January 1st to November 28th, the deaths amounted to 104. Dr. Watt condemns, as he could not fail of doing, the absence of all proper medical supervision and the total disregard of sanitation displayed by the officials. He adds that the prison should be at once evacuated, and that the buildings now used as hospital and association wards should be at once pulled down. It appears to us that Dr. Watt would clearly have been disregarding his duty and the claims of humanity not to have done his utmost to put an end to such a scandalous condition of things.

FEES IN LIFE ASSURANCE.

DR. GRAY, of Oxford, has forwarded to us a correspondence which he has had with the secretary of the Albion Life Association on the subject of the non-payment of medical referees by that office. The Albion takes much the same ground as the London Life Association and the other one or two offices which still refuse to remunerate medical men for their confidential reports made in the direct interest of the directors of the company. There are, however, some peculiarities in the present case which deserve notice. In the circular sent to Dr. Gray the following sentence occurs: "The directors are chiefly guided by the opinion of their medical referees; it is therefore desirable that you should see every question in the declaration fully answered," &c. This reliance on the opinions of gentlemen whom they refuse to pay becomes readily intelligible when we find in the "Medical Directory" the office of medical adviser to the Albion a blank! Possibly the Albion board of directors boasts some medical men among its members, and trusts to these for the examination of the proposed lives. Another peculiarity of the Albion is that, while directing the referee to look to the proposer for his fee, it supplies him with a receipt-form at the foot of the proposal paper, and kindly dictates what fee he is to ask from, probably, his own patient. Possibly the directors feel some qualms respecting the rectitude of this arrangement, for they put forward a sort of apology that it is "a plan adopted by the society as a matter of convenience in saving remittance and in lieu of requiring a deposit with the proposal"; but it is evident that, though deducting the said fee from the first premium if the life is accepted, they leave the proposer and medical referee to settle their differences how they may in the event of the life being rejected!

The practice of the Albion seems to us even more objectionable than that of the London Life Association. The latter office makes the proposer sign a form requesting his medical attendant to make a report, and leaves him by implication liable for the fee if the medical man is unwary enough to do what he is asked. It also has a medical officer of its own to whom all lives are submitted, and who no doubt is properly remunerated. Consequently, there are two courses open to the medical man,—either to dissuade his patient, if a good life, from insuring in such an office, or (especially if the life is a bad one, on which, as a friend, he would rather not report) simply to decline making a medical report at all on principle, and leave the medical officer of the company to deal with it as he pleases. In the great majority of cases a bad life will be accepted for want of the confidential report for which the office interested declines to pay, and this will, we trust, be the fate of all offices which treat the profession in an illiberal manner.

THE ADULTERATION ACT.

WHEN the Adulteration Bill was passing through the House of Commons, Lord Eustace Cecil stated, at a meeting of medical officers of health, that if after a fair trial had been given the Act, it was found that its operation was inefficient or beset with difficulties, he would endeavour to have it amended to meet requirements which could not then be foreseen. The Act has now been in force for some time, with the result of creating in several quarters a feeling of disappointment that its provisions should not have been found less vague and defective. The Act needs amendment. The chemists and druggists have already initiated an organised opposition to the Act, which they maintain is, as far as it relates to drugs, mischievous and ineffective; and they ask for nothing less than the repeal of that portion of it which relates to drugs and chemicals. The reluctance of certain vestries to appoint analysts, and the apathy shown by others in complying with the requirements of the Act—going even so far as to discourage action on the part of the analysts—is clearly attributable to a belief and expectancy that the Act as it now stands is but tentative. We may here say a few more words on the citrate of magnesia question. At the Pharmaceutical Conference held at Norwich in 1868, when the expediency of changing the name of the article was discussed, a paper was read showing that when the inventor and original manufacturer, Mr. Alfred Bishop, first introduced it into

notice, he used a large quantity of neutral citrate of magnesia in the preparation of the compound. In consequence, however, of its losing its effervescing power and colour, he was compelled to abandon this plan. Mr. Bishop has now published a statutory declaration setting forth the reasons why he declines to alter the name of his compound, which he states is always "a citrate," and contains magnesia. The declaration is supplemented by the opinion of the Attorney-General, Mr. Henry James, M.P., and of Mr. Poland, which would appear to sustain Mr. Bishop's contention that no misdirection exists in selling his article under the name of "granular effervescent citrate of magnesia." This manifesto will probably have the effect of allaying any feelings of anxiety entertained by the sellers of the compound in consequence of the recent conviction.

CORONERS' COURTS AND CHARGES.

WHILE the coroner for Central Middlesex is receiving a round of abuse for what some of the Middlesex magistrates consider his extravagance in the matter of post-mortem examinations, we find the coroner for Barrow-in-Furness holding off on the other tack, and falling foul of the medical men of the district because one of them had refused to give an opinion as to the cause of death without first making a post-mortem examination. The Barrow-in-Furness coroner seems to hint that the refusal to give evidence without a post-mortem can only arise from greed for guineas, and threatens to punish those recalcitrant medical men who make the objection by not employing them in those cases in which he considers a post-mortem examination to be necessary.

It is not always easy to say whether a post-mortem examination is or is not necessary, and unless Captain Morley will condescend to be more specific in his charges against Dr. Lankester, and give us, chapter and verse, the instances in which he considers the coroner to have been extravagant, it is hardly possible for us to offer an opinion upon the matter. We think, however, that both the public and Dr. Lankester have reason to complain of these general accusations of extravagance unbacked by particulars. It is perfectly obvious that a cheap coroner may be a very useless officer, and an "extravagant" coroner a most valuable one. A mere money statement of charges cannot give any idea of the efficiency of the official whose conduct is called in question; and as it is highly probable that the ratepayers prefer efficiency to inefficiency, even though their preference add a farthing to the rates, we cannot but consider Captain Morley's contention as useless and fraught with possible harm.

The function of the coroner's court is the determination of the cause of death, and the scope of its inquiry is twofold—viz., as to the immediate cause and the remote cause, and either or both of these questions may have to be considered.

A man may be found dead or die suddenly, and the question to be decided is one of natural causes, accident, or foul play; and we fail to see how in such a case justice can ever be satisfied without a post-mortem examination. The coroner's court, if it is to be any protection to the public, should be a terror to evil-doers, and this it can never be if its work is done in a slovenly or parsimonious manner. If, for instance, the dose of poison administered adroitly is more likely to remain unsuspected in the stomach than to be detected at the post-mortem examination, it is highly probable that criminals of the Mary Anne Cotton class will become more numerous, and we feel sure that no ratepayer would grudge any reasonable expense for the prevention of such a contingency.

If a man is killed by some obvious mishap, such as a railway accident or a fall from a scaffold, then, the immediate cause of death being self-evident, medical evidence and post-mortem examination are clearly unnecessary, and the coroner's court is only concerned as to the remote cause of the accident, or, in other words, in determining who is to blame.

Between these two classes there is a third, in which a man who meets with an accident dies shortly afterwards of natural causes; or some natural disease, such as heart disease or apoplexy, may be the real cause of an apparent accident, and these questions are such as can only be answered by a post-mortem examination.

There can be little doubt that, in the vast majority of coroner's inquests, a post-mortem examination is necessary; and we have no hesitation in saying that many of the inquiries in which no post-mortem is held are worse than useless, for they are a positive incentive to evil-doers.

From the present unreasoning course of conduct in which the Middlesex magistrates persist we cannot but conclude that they are ignorant of the ends and aims of the coroner's court, notwithstanding their important functions as guardians of the county purse.

THE EPIDEMIC OF MEASLES.

THE fact of 130 deaths from measles in the week gives an interest to this disease, which, the Registrar-General tells us, has not been so fatally prevalent in London since 1840 as it is at present. Moreover, there is good reason to believe that we have not yet seen the consummation of the present epidemic. Measles in London is an epidemic of considerable regularity, if we may judge from Dr. Ballard's twelve years' experience of the sickness of public institutions in Islington. He found that measles prevailed on a large scale every two years, and that the years of its greatest prevalence were not only alternate but even years. The following figures indicate the number of cases recorded in twelve years, from 1857 to 1868 inclusive. It will be seen that in the odd years there is a subsidence and in the even years a rise in the number of cases: 221, 416, 328, 531, 280, 653, 322, 713, 200, 813, 328, 696. According to this experience we may expect the largest number of cases next year. In the epidemic year two waves of greatest prevalence are noticed—the one culminating in the latter part of spring, the other at the end of autumn. Of these the earlier is the more considerable, the latter the more constant. A low atmospheric humidity and small rainfall assist materially in promoting the outbreak. A rise of mean temperature above 60° and a fall below 42° tend distinctly to arrest an epidemic. It is not proved that the local experience to which we allude represents that of other parts of the kingdom, or other countries. To be forewarned is to be forearmed. Are we to accept these statistical observations as the mere expression of unalterable facts? There can be no doubt that the spread of measles may be restricted by care and isolation, but that, apart from these precautions, it will spare but few children that come within its influence; and care and isolation are not very practicable in the houses of the bulk of the people whose sickness makes up an epidemic. Much may be done in the houses of the careful to limit the number of cases by isolating all children with the characteristic premonitory symptoms. And the symptoms are very characteristic. A certain degree of malaise and fever, accompanied with sneezing, and the existence of an inflammatory affection of the conjunctiva and respiratory mucous membrane, occurring during an epidemic of measles to a child who has not previously had measles, should suggest isolation. This period usually lasts from three to five days, but may, according to Hebra, in delicate children of rachitic, tuberculous, or scrofulous diathesis, be extended to ten days. The

thermometry of measles is not without interest in regard to early diagnosis. According to Thomas and others, there is a short preliminary fever during the stage of incubation, while, as yet, other symptoms are absent. This is followed by a pause, or interval of several days quite free from fever. Wunderlich says "the rise and fall of temperature in the initial stage are so rapid that the case might be taken for an intermittent did not the temperature remain rather too low for this. In one of these intervals of pyrexia, if a little prolonged, the opinion may be formed that the disease is already over. But the catarrhal symptoms are sufficiently marked to prevent the mistake often occurring." Such feverishness occurring in children during an epidemic of measles, especially if associated with any other rubeolous symptoms, should set us on our guard. Such early observations are the more necessary as there is reason to believe that measles is infectious before the appearance of the eruption.

A NEW OPERATION FOR CLEFT PALATE.

ON Saturday, the 22nd inst., Sir William Fergusson, in operating on two patients for the closure of the opening in the hard palate after the cleft in the soft palate had been closed, adopted a modification of a procedure which is intended to increase the chances of success of the operation. Sir William remarked that in the so-called Langenbeck operation—that is, where muco-periosteal flaps are taken from the roof of the mouth and drawn towards the middle line—the proceeding is often unsuccessful from the fact that, after some time, the granulations which are thrown out on the upper surfaces of the displaced flaps contract and separate the union that may have taken place between the pared edges of the flaps. It is true, he observed, that some assert that bony matter is deposited on the upper surface, and that this diminishes the size of the aperture in the osseous palate. But, in demurring to this, Sir William said he thought it was hardly possible to strip off healthy periosteum from the subjacent bone. He proposed, therefore, as a remedy, that in addition to making the ordinary incisions for the flaps, the hard palate should be split on each side of the opening with some sharp cutting instrument, and that the two pieces of bone should be pressed towards the middle line, and the pared edges of the soft tissues then be brought together. By this means the central opening would be closed, but two lateral apertures would be formed. But inasmuch as the lateral openings would be but half the size of the original central one, and as there would be more likelihood of the fractured edges of bone throwing out osseous material for its repair, it was hoped that the prospect of a successful issue would be greatly enhanced.

It remains to be seen what will be the result of this ingenious device, but on the first blush it appears that by its adoption a means is offered of surmounting one of the most obstinate difficulties of plastic surgery.

THE STATISTICAL SOCIETY OF LONDON.

THIS important Society has just entered on its fortieth session, under the presidency of W. A. Guy, M.B., F.R.S., the retiring president having been Dr. W. Farr, F.R.S. In his inaugural address, delivered at the opening meeting of the session last week, Dr. Guy descanted upon the functions and objects of the Society, contending that by its labours it amply justified its claim to be considered a scientific body. Starting with the purpose of restricting themselves to the collection of facts to the exclusion of all opinion, the founders soon discovered that in practice this limitation could not be maintained, for, as Dr. Guy puts it, "to rest content with bare figures was, as it were, to substitute osteology for anatomy, a museum for a science." The initiation of inquiries upon a variety of matters affecting the material and moral welfare of the community, which for the most part have been conducted in accordance with the true scientific method and spirit, has been carried by the Society, during its thirty-nine years' existence, to an extent of which persons unfamiliar with its published Transactions can have little idea. Dr. Guy, who has taken considerable part in such inquiries, might well have been pardoned had he thought proper to give them greater prominence in his justification of the Society's *raison d'être*. We should say, for example, that the question whether the State should or should not take control of the railway system of this country has been for the first time placed before the public in its proper light by the exhaustive discussion which it underwent at the Statistical Society not long ago. That question will be fought out by and by in the political arena, where other interests than those of science will be paramount, and it is therefore of the greatest advantage that the statistical facts, financial and otherwise, which lie at the very root of the matter, will have been thoroughly investigated and discussed by those who are able to bring to the analysis of complicated masses of detail the faculties of the trained statist. We observe several indications throughout Dr. Guy's address that those who are responsible for the conduct of the Society's affairs are desirous of raising its effectiveness to a point commensurate with its numerical strength and influence. This is as it should be, and fully warrants us in remarking with some pride that our profession has furnished so distinguished a body as the Statistical Society of London with two presidents in succession. And we would point the obvious moral, that as medical knowledge is so vitally dependent upon an accurate record of and deduction from facts, the Statistical Society, as a training school (so to speak) in that direction, may have claims upon us which we would gladly see recognised by the infusion of a larger share of the medical element in its constitution.

POISONOUS HOMŒOPATHIC PREPARATIONS.

IT is to be hoped that Dr. George Johnson's paper at the Clinical Society, detailing three cases of serious poisoning from taking Epps's concentrated solution of camphor, will tend to enlighten the public as to the change which has taken place in homœopathic notions since the days of Hahnemann. In one case violent convulsions and unconsciousness, followed by partial paralysis and six months of nervous derangement; in another, intense headache, with unfitness for clerical duty for two months; in a third, diarrhœa, coma, and nervous symptoms for days. It is not denied that homœopathists are now at great variance as to the proper doses of medicines, and that the treatment of some homœopaths is not to be distinguished from that of ordinary practitioners, unless it be by the largeness of doses. We consider this a very serious matter. The morality of the change with so little open confession is a point that must be left for casuists. But the great charm of homœopathy is gone—its intense harmlessness. Dr. Stewart gave a melancholy instance of a gentleman dying from the effects of a double homœopathic dose of strychnia, which he had taken to make up for having omitted a previous dose. Dr. Eastes said he had met with some homœopathic globules which contained one grain of morphia instead of $\frac{1}{100}$th. What would Hahnemann say if he could witness such things done in his name? He would not be satisfied with mere adhesion to the *similia similibus curantur*, which Dr. Greenhow says is the essence of homœopathy. He believed in the dilution of drugs; his successors in their concentration.

THE RELATIVE PROPORTION OF NERVE TO MUSCULAR FIBRES.

IN a paper published in Max Schultze's *Archiv für Mikroskop Anatomie* (Band ix., p. 36), P. Tergast gives the results of his investigations upon the relative proportion of nerve-fibres to muscular fibres in the ocular muscles of the sheep. In these muscles, as Kühne showed to occur in the sartorius of the frog, the muscular fibres extend from one end to the other of the muscle. Tergast made cross sections, and then counted both sets of fibres. He found that the proportionate number of primitive nerve-fibres to the muscular fibres varied considerably in the several muscles. Thus in the musculus obliquus inferior for each nerve-fibre there are three or four muscular fibres, in the obliquus superior six or seven, in the rectus inferior seven or eight, and in the musculus externus ten. On the average, perhaps, it might be said that in the sheep there are about six or seven primitive muscular fasciculi or fibres to each primitive nerve fasciculus or fibre. In the ocular muscles of man there appear to be three primitive nerve-fibres to every seven muscular fibres. In the general muscles of the body the proportion of the nerve-fibres is much less. At the same time they do not admit of being quite so accurately counted. In the biceps of a young dog M. Tergast found only one primitive nerve-fibre to eighty-three muscular fibres, whilst in the musculus sartorius there was one nerve-fibre to forty or sixty muscular fibres. In the cutaneous thoracic muscle of the frog there is one nerve-fibre to from twenty-three to twenty-seven muscular fibres (Reichert); in the abductor digiti quinti pedis the proportion is one to forty; in the sartorius one to sixteen and a half; in the ocular muscles of the frog the proportion on the average amounts to one to ten; in the caudal muscles of the mouse it is one to twenty-eight or twenty-nine.

CORONERS' RETURNS OF DEATH.

THE last weekly return of the Registrar-General contains the at first sight startling announcement that among the deaths registered in London during the week ending on Saturday last there were twenty-five caused by "suffocation," twenty-two out of the twenty-five so dying being infants under one year of age. Now, considering that the average weekly return of deaths in London from suffocation is eleven, it is possible that many persons may be misled by the return of last week into the supposition that it foreboded another revelation of criminality, or of the recklessness verging on criminality, which every year sends so many infants to their untimely graves. In the absence of any official explanation on the point, we speak, of course, with becoming hesitation when we suggest that most probably the large increase last week in the deaths of infants by suffocation is caused entirely by the receipt of an arrear of coroners' informations. When an inquest is held, it is the duty of the coroner to send a written information of the finding of the jury to the registrar of deaths, but unfortunately there is no time specified within which such information is to be sent. The consequence is that it rests with the coroners to send in their informations promptly, or to delay them as they think proper, and students of the Registrar-General's Weekly Returns of Deaths are no doubt often puzzled by remarkable fluctuations of detail, arising solely from the fact that at intervals a whole batch of coroners' returns makes its appearance. This disturbing element may not confuse the practised statist, but even to him it must be an undesirable complication. Is there any necessity for its existence? Surely it cannot be more burdensome to a coroner, who is paid for all he does, to fill up and transmit the form in which his information is conveyed to the registrar *immediately on the completion of an inquest*, than it is to a medical practitioner to furnish his gratuitous certificate of the cause of death, as is mostly done, within a day or so after the death has happened. Death registration is valuable for scientific purposes in proportion as it promptly follows the occurrence of death, and it is insufferable that any class of public officers, concerned either directly or indirectly in the registration, should be permitted to impair its utility merely for the sake of their personal convenience.

DR. ALEXANDER WOOD.

SINCE the resignation of Dr. Alexander Wood, of Edinburgh, as a member of the General Medical Council, has become known, great regret has been evinced. Although Dr. Wood always stood up for the Royal College of Physicians of Edinburgh, which he so ably represented, he was still more a representative of the profession at large, and always advocated comprehensive and liberal views, the more especially as regarded that which he considered as of great importance, that the profession should be kept free from external domination. Dr. Wood from the first made the preliminary education of the medical student his peculiar care, and to him the profession is chiefly indebted for the improvements effected in this department. Through his exertions and under his superintendence the system of visitation of examinations, which has proved so useful, was begun and carried out. As a physician, a teacher, and as a gentleman of highly honourable principles, he has long commanded the respect and confidence of all with whom he was associated. It is well known that his thorough business habits, his eloquence, his geniality, and his judgment were found of great service in the Council as well as in his own College and elsewhere. Considering how prominent he has been in every good work, surely if any one in Edinburgh merits honour at the hands of the Sovereign, it is Dr. Alexander Wood, now that he has retired from the active duties of life.

PRESCRIPTION OF UNUSUAL DOSES.

THE more we consider the question of the best method of emphasising or certifying the prescription of unusual doses, the more do we think it a question which should be considered and settled by the College of Physicians, if necessary, after conference with representatives of the Pharmaceutical Society. We have already expressed an opinion that an underline, being less ostentatious, is preferable to initials. The initials, too, even of good physicians, are often such a perfect puzzle to readers, that, in themselves, they would not be very informing. The question requires consideration; but a rule recommended by the College of Physicians would be respected. The third resolution of the Conference, which we published last week, is open to objection. It proposes that the chemist should keep prescriptions in which unusual doses are initialed. A prescription is the property of the patient, and it is the business of the chemist to return it. He should copy it, but not retain it.

TYPHUS FEVER IN INDIA.

THE recent returns of the Sanitary Commissioner for the Punjab indicate a high and rising death-rate in the province, and in many districts the sickness is very great. Lahore was the most unhealthy district in the whole province. The deaths in Rewari had risen from 82 in the week ending 6th September to 98 in that ending the 13th September, which gives an annual death-rate of 208 per 1000! All the large towns, especially those in the Gurgaon and Delhi districts,

were also very unhealthy. The diseases to which this sickness and mortality seem to be mainly attributable are contagious fevers, especially typhus, relapsing fever, and small-pox. It had long been thought that typhus fever was not met with in India, but there seems to be no doubt that both it and relapsing fever have prevailed in that country, especially in the Punjab prisons, where its presence and infectious properties have been established by the observations of several medical officers. At Rawul Pindi gaol, for example, an epidemic of typhus fever extended over the first four months of the present year, and carried off forty prisoners and one European medical officer before it subsided.

THE EDUCATION OF MIDWIVES.

A DEPUTATION from the Obstetrical Society of London recently had an interview with Mr. Stansfeld at Gwydyr House on the question of the education and licensing of midwives. Dr. Tilt, the President, urged the present unsatisfactory state of things, and endeavoured to show that the interests of the Poor-law Board were affected by the fact that poor women with their families frequently became chargeable upon the rates owing to disablement through unscientific midwifery; so also that, in cases of death, the motherless children had often to be supported by the parish. He characterised the present system of individuals granting diplomas as unsatisfactory and delusive, and held that it was incumbent upon the State to regulate the whole subject.

Mr. Stansfeld seems to have rather turned the tables upon the deputation by announcing his conviction, not only that women should be properly educated as midwives, but that "women who had the qualification and means should be allowed to go a rank higher without undergoing a full medical examination." What the President of the Poor-law Board meant is not quite clear; but, apparently, he would institute a new order of medical women—something between a midwife and a fully qualified practitioner, female or male. We have never been particularly enamoured of the Obstetrical Society's treatment of the midwife question; but if its efforts should result in the formation of a class of semi-educated Government female practitioners, it will certainly not have earned the gratitude of either the profession or the public.

ASHANTEE AFFAIRS.

THE object of the little expedition which was to have smitten the now retreating Ashantee army can scarcely be said to have been attained. The column with Sir Garnet Wolseley made long and severe marches without coming upon the enemy in any numbers. All observers seem to be agreed as to the worthless character of our native allies the Fantees. Their destiny appears to have been fixed by Nature as "hewers of wood and bearers of water"; the slaves, in fact, of any higher race. In the skirmish which Colonel Festing had with the Ashantees, the officers suffered disproportionately. Fevers of a severe and remittent form are common at Cape Coast Castle, but yellow fever is said not to occur there, and certainly its appearance would be a most unfortunate thing for the success of the expedition. What is locally known as the period of "little rains" had set in at the date of the last news, with some accession to the sick list in the shape of dysentery. We understand that eight or ten of the 74 Europeans present at Cape Coast had suffered from fever, although not in a severe form. The health of the troops is still fairly good. The expedition may now be said to have begun, and new outposts are being daily made. We sincerely trust that Sir Garnet Wolseley and his staff may retain their health under the hard and harassing duties they are fulfilling. It is clear that on the score of health no time ought to be lost by the European force in executing the work before them.

HEALTH OF NAPLES.

IN spite of the spasmodic energy of her municipality, Naples is still scourged by cholera. Seventy cases and forty deaths in one day, out of a population of 448,335 inhabitants, is a rather heavy tale. The schools remain closed *sine die*, while the suffering hotel-keepers and tradesmen encourage the report that it is not cholera, but choleraic diarrhœa. "Dear bread, cheap, bad fruit and vegetables, helped out by bad doctoring"—conditions perennial in Naples—have been blamed for the outbreak; but the Neapolitan physicians hold it to be Asiatic cholera of the most malignant type, and more fatal in proportion to the numbers attacked than in former years. They look to the tramontana, which has been blowing hard for some days, to lay the cholera spectre; but the wind must be raised in another sense, and the water freed from pollution, if Naples is to keep her health and attract the tourist.

The port is still utterly destitute of any hospital accommodation for British seamen. We commented on this very discreditable fact some months ago, and reiterate the opinion that the subject is worthy the attention of the Foreign Office. Constantinople and several other important European ports have each a regularly established seamen's hospital, which is under consular supervision, and supported by contributions from British ships frequenting the port. The very unsatisfactory sanitary state of Naples renders the existence of such an institution specially advisable.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE Council of this Society have recommended the following gentlemen for election as Honorary Fellows by the Society at its next meeting:—Sir Robert Christison, Bart., D.C.L., LL.D., M.D., Professor of Materia Medica in the University of Edinburgh, Physician in Ordinary to the Queen in Scotland, &c.; George Gabriel Stokes, M.A., D.C.L., LL.D., Lucasian Professor of Mathematics in the University of Cambridge, Secretary to the Royal Society, &c.

They have also recommended the following gentlemen for election as Foreign Honorary Fellows:—Louis Agassiz, Professor of Zoology and Geology, Cambridge, Massachusetts, &c.; H. Helmholtz, Professor of Physics and Physiological Optics, Berlin; A. W. Hofmann, LL.D., Ph.D., Professor of Chemistry, Berlin.

The list of Honorary Fellows is limited to twelve, and that of Foreign Honorary Fellows to twenty, but there will still remain one vacancy in each list.

HYPOGASTRIC LITHOTOMY.

OF the different ways by which a patient may be freed from stone in the bladder, the hypogastric route is very seldom chosen in this country. When it has been decided that lithotrity is not advisable, a selection is to be made between the lateral, median, rectal, or hypogastric operations. British surgeons generally, according to the nature of the cases, place their preference in the order we have adopted. In France, however, it would appear that the last-named operative measure is pretty often had recourse to. In the *Bulletin de Thérap.* of October 30th we find M. Mallez proposing, in hypogastric lithotomy, a trocar, by which the bladder may be raised and held towards the umbilicus whilst the forceps are used. The instrument looks like an

ordinary trocar and canula, and is simply curved towards the end at almost a right angle. On the under and convex portions is a groove running all along the canula. When the incision into the skin has brought the bladder into view, the trocar and canula are plunged into the viscus, and the point of the trocar, by a simple contrivance at the handle, is drawn into the canula. The bistoury is now run along the groove, and the incision of the bladder made between the point where the trocar has entered and the pubis. The canula is now used as a hook to raise the viscus, and the operation terminated in the ordinary way. The instrument may prove useful when the hypogastric cutting is chosen. Were not the sequelæ of this operation so inconvenient it would perhaps be more frequently chosen.

SICK CHILDREN.

THE Children's Hospital for Diseases of the Hip-joint at 19, Queen-square, Bloomsbury, has some of its wards empty, for want, not of patients, but of funds. Some twenty iron cots, it seems, are waiting for their little tenants, and £500 would fill them in a trice. From a genial letter in *The Times* we learn that the hospital owes its existence to a lady-nurse in Great Ormond-street, who, finding so many little applicants for admission turned away, founded a home in Queen-square for a certain number of patients. It is a touching sight to watch, any one of these winter nights, the little "army of martyrs," each under his crimson blanket, now silent, now prattling merrily, now wistfully awaiting tea. With this meal the toys are collected for the night, and the "long," though not "unlovely," ward becomes as still as its empty neighbour. We hope that the simultaneous relaxing of the heart-strings and the purse-strings proper to the Christmas season will prove elastic enough to take in the Queen-square hospital, and strengthen the hands of its patroness in relieving and curing a tedious and exhausting malady.

AS IT SHOULD BE.

MR. HAVILAND appears to be going to work in his capacity of Health Officer for Northamptonshire in a fashion that promises well for his success. He has just taken a step which may be commended as an example for all the newly appointed medical officers of health throughout the country, and which, if generally followed, cannot fail to be attended with the best results. Upon his invitation a conference of the medical profession in Northampton has been held for the purpose of considering with him the practicability of establishing a registration of disease and other points bearing upon sanitary organisation. Mr. Haviland proposed to supply such of the medical profession of the neighbourhood as were willing to assist him, with forms for returning cases of zymotic disease and of phthisis occurring within their practice. A resolution was unanimously adopted in favour of this proposal, and the meeting cordially thanked Mr. Haviland for the good feeling which had prompted him thus to take counsel with his medical brethren upon matters possessing so special an interest for them.

TOBACCO FOR OUR TROOPS IN ASHANTEE.

TOBACCO, it is well known, is often serviceable to the soldier on the march and on sentry-duty, and, above all, when provisions become scanty. Besides conserving tissue, it has a soothing and solacing influence—facts which did not escape the keen eye of the First Napoleon in the Russian campaign. Medical authority has prescribed its use in the Ashantee war, and accordingly supplies of it are now on their way to be served out to the troops.

H.M.S. "VICTOR EMANUEL."

WE are enabled to state, on going to press, that the equipment of this hospital ship is rapidly approaching completion. Most of the cots on the main hospital deck are already arranged, the stores are being rapidly shipped, and it is expected that the vessel will start finally for her destination on Sunday morning. A concluding and critical notice of the ship will appear in THE LANCET of next week.

DR. CARPENTER has delivered two lectures for the Sunday Lecture Society, in St. George's Hall, on the Functions of the Brain. The first gave a rapid sketch of the successive additions made to our knowledge of nervous physiology, from Sir Charles Bell's discovery of the distinction between the sensory and the motor nerves, to Dr. Ferrier's indications of the localisation of function in the brain. Dr. Ferrier's experiments confirm the inference previously drawn by Dr. Carpenter, that the posterior lobes are the instruments of those higher operations resulting in ideas which do not prompt to motion. Dr. Laycock's doctrine of the reflex action of the cerebrum is also confirmed by Dr. Ferrier's experiments. Dr. Carpenter is in doubt as to whether the centres of the movements of expression are also the organs of the ideas or emotions which call forth those movements, in spite of Dr. Ferrier's ingenious endeavour to deduce from the phenomena of aphasia an indication that such may be the case.

THE *Pall Mall Gazette* states that the promoters of the Conference recently held at the Mansion House on the reform of voting charities have decided not to allow the matter to drop, and they are therefore forming a committee of "those who desire a reform of the present objectionable system of election," in order that they may confer together and consider "what steps ought to be taken under present circumstances to carry out in the best and most judicious way the objects so universally and emphatically endorsed by public opinion." The committee will hold its first meeting at the Westminster Palace Hotel on Tuesday next, December 2nd, at half-past two. Among the noblemen and gentlemen who have signified their approval of the movement are the Marquis of Westminster, the Earl of Shaftesbury, the Marquis of Salisbury, Sir Sydney Waterlow, Bart., Lord Eliot, Mr. J. Walter, M.P., Mr. W. H. Smith, M.P., the Master of the Temple (Dr. Vaughan), and the Rev. Dr. Rigg.

A STEAMSHIP arrived four days ago from Rotterdam with the body of a deceased seaman on board. As this vessel is a regular trader between the Thames and Rotterdam, the latter city being still classed by the Medical Department of the Local Government Board as infected with cholera, the Corporation's port medical officer at Gravesend very properly ordered the corpse to be buried below the Nore, and superintended the fumigation of the vessel before she was permitted to proceed up the river. There is, however, as far as we have yet heard, no positive evidence that the man died of cholera.

THE Roman *Fanfulla*, commenting on the scientific congress lately held in the Eternal City, states that two Neapolitan physicians submitted to the meeting a liquid preparation for stopping instantaneously the flow of blood from wounds of every description. A commission of physicians have just performed experiments on it in the anatomical theatre of the Santo Spirito, and have reported on it as one of the happiest of recent discoveries, and as particularly serviceable on the field of battle.

THE question of conveying to hospital persons suffering from contagious diseases is agitating Dublin, and the Committee of the Sanitary Association have addressed a long letter to the Public Health Committee of the corporation, impugning the statement of the secretary of the latter committee, that special cabs are always in abundance and readiness for this purpose. The committee of the Sanitary Association allege that the Corporation cabs are too few; not always accessible—the cab being in one place, and the horse two miles off in another; and that no provision is made for disinfecting the cabs, while the charge for them is so high as to be prohibitory of their use. The Public Health Committee have to rebut these apparently well-grounded accusations.

AT the last meeting of the St. Pancras Guardians, a letter was read from the Local Government Board respecting the removal of lunatics to asylums by relieving officers. The board stated that the relieving officers were alone responsible for the removal of pauper lunatics, and neither the central board nor the guardians could relieve them from responsibility. While agreeing with the guardians that it was most undesirable that relieving officers be absent from their respective districts, they pointed out that the guardians might properly recommend the relieving officers to take measures for the safe removal of pauper lunatics to asylums without actually accompanying such lunatics themselves. A copy of the letter from the Local Government Board will now be sent to each relieving officer.

THE Registrar-General for Ireland, in his return for the second quarter of the year just issued, states that the births registered during the period were 39,564, while the deaths amounted to 26,128, or in the annual ratio of 19·6 per thousand. The death of a woman at the extraordinary age of 127 was registered in the Lurgan Workhouse. Another lady died at the ripe age of 105 years, having "never troubled a doctor or took his physic; she fed her pigs the day before her death." These cases of reputed longevity require authentication. The local registrars generally draw attention to the defective sanitary conditions existing in their districts.

THE presentation of the portrait of Mr. Samuel Hey took place on Friday last in the Board-room of the Leeds Infirmary, in the presence of a large number of friends and medical practitioners, presided over by Mr. Arthur Lupton, chairman of the Weekly Board of the infirmary. The portrait, which has been painted by Mr. Sydney Hodges, of London, elicited warm expressions of approval. Mr. G. G. Wheelhouse, senior surgeon of the infirmary, in a genial speech handed over the portrait to the chairman, as representative of the governors, by whom it will be hung in the board-room of the institution.

BENGAL is threatened with one of its periodical famines, and the local government is straining every nerve to anticipate the calamity. The Imperial Government, moreover, has undertaken to come to the relief of the menaced districts. A good medical account of the effects of these visitations is desiderated. How is it, for example, that they are never followed by the famine-fever so characteristic of like visitations in Europe?

THE Court of Common Council have agreed to a report brought up from the visiting justices of the City Lunatic Asylum, recommending that an additional sum of £5000—making a total of £9000—should be applied towards providing increased accommodation for pauper lunatics, the number of whom is unhappily greatly on the increase.

THE serious amount of illness from small-pox and typhoid fever at Preston seems to have aroused the health authorities to remedy evils which have long existed, and have cried loudly for removal. The pestiferous ditch at Middleforth-green, Penwortham, has been cleaned out, and other measures have been adopted to check the progress of the above-mentioned diseases, the prevalence of which, especially small-pox, has caused some alarm to the inhabitants of the town.

THE Medical Club, in Spring-gardens, has issued a circular inviting the further support of the profession. Its members are over five hundred, and its committee includes distinguished representatives of every department of medicine. From its central situation, its comfortable appointments, and the ability of its management, the Club has substantial claims on the patronage of the profession.

DR. SPEIER, of Fulda, has been secured by the Japanese Government as Professor of Natural Sciences at Yeddo. A very handsome salary has been guaranteed to him by the Japanese embassy at Berlin. Other appointments are expected to follow in the departments of Experimental Physics and Medicine.

THE Medical Society of the State of Pennsylvania have issued a voluminous code of medical ethics for the guidance of the profession in the far west. The duties of physicians to their patients, and the obligations of the latter to their physicians, are set forth in a beautiful and Utopian manner that would have charmed the venerable old Quaker who founded the state.

WE learn from authentic sources that mental anxiety and confinement are doing their untoward work on Marshal Bazaine, and that he now exhibits unmistakable evidence of impaired health. The Marshal is suffering from nearly continuous headache, with paroxysms of feverishness and cold sweats.

THE medical *conversazione* held at the West Riding Asylum on Tuesday evening last was a brilliant success. An admirable address was delivered by Dr. Carpenter on the Functions of the Brain. Among those present were Lord Houghton, Dr. Harrington Tuke, Dr. Ferrier, Dr. Crichton Browne, Dr. Paley of Melbourne, &c.

THE British Minister at Lisbon, Sir C. A Murray, has gone with the British Fleet to Madeira, there to establish a sanatorium for invalids from the Gold Coast. The Portuguese Government has given the necessary sanction. Sir C. A. Murray will establish a similar sanatorium at Gibraltar.

DR. FERRIER has received a grant from the Royal Society, for the purpose of enabling him to pursue his investigations upon the brains of monkeys, &c. The results of his experiments will in due time be embodied in a paper which he will read before the Society.

THE Lambeth guardians, at a late meeting, took into consideration a proposal to erect a new infirmary in connexion with the workhouse, the building to be in blocks, each block devoted to special diseases. A discussion of the matter was adjourned until December 3rd.

THE St. Pancras vestry are now taking proceedings under the Adulteration Act against persons who sell milk only in the streets, a class of sellers without cows or shops, who have hitherto thought themselves safe from the operation of the Act.

THE Natural History Society of Eastbourne have issued a pamphlet giving a list of the mammalia, birds, reptiles, amphibia, fishes, molluscs, insects, &c., found in the neighbourhood of the town, supplemented with a catalogue of the local flowering plants, ferns, mosses, lichens, and algæ. A few of the other more pretentious provincial societies and associations would do well to follow the example set by the naturalists of Eastbourne.

WE are sorry to learn that the last Hospital Ball at Brighton showed a considerable falling off in the attendance, with the result, of course, of a diminution of funds to be handed over to the Brighton Hospital.

THE subject selected by the Council of the Apothecaries' Hall of Ireland for the annual prize of five guineas, to be competed for by apprentices in May, 1874, is "The Metallic Preparations of the British Pharmacopœia."

IN Edinburgh, Professor Traquair, of Dublin, has been appointed Keeper of the Natural History Department of the Museum of Science and Art, lately held by Dr. Wyville Thomson.

WE regret to learn that Baron Meyer de Rothschild has been seriously indisposed during the last week. The latest accounts, however, represent his condition as improving.

FROM the last report of Dr. Barclay to the Chelsea vestry it would appear that the milk, tea, flour, sago, and arrowroot sold in the district are pure and unadulterated.

HOSPITAL SUNDAY is now a successful institution in Australia. We are impatient to hear of its being established in the United States and Canada.

DR. TILT, President of the Obstetrical Society of London, has issued cards for a *conversazione* to be held at his house on Friday, the 5th of December.

Correspondence.

"Audi alteram partem."

DR. BELL PETTIGREW ON VITALITY.

To the Editor of THE LANCET.

SIR,—I have not had an opportunity before to-day of reading Dr. J. Bell Pettigrew's able lecture "On the Relation of Plants and Animals to Inorganic Matter," or I should most certainly have entered a protest before now against the manner in which he misrepresents Prof. Huxley's views. Prof. Huxley claims for protoplasm a threefold unity—a unity of faculty, a unity of form, and a unity of substance. The *unity* for which Professor Huxley contends is converted in the hands of Dr. Pettigrew into *identity*. He thinks that the potentialities which lie dormant in protoplasm prove that, even when it is homogeneous and identical in all its parts to the eye and sense, yet it is not so to the eye of reason, and this he appears to regard as a sufficient refutation of Prof. Huxley's views. This conclusion, however, instead of conflicting with those views, is one which Prof. Huxley would readily endorse; and yet maintain that protoplasm has a threefold unity. Unfortunately I have not Prof. Huxley's lecture "On the Physical Basis of Life" near me at present; but if I remember well, he distinctly states that the unity for which he contends is perfectly compatible with an indefinite number of special modifications. Dr. Pettigrew draws attention to the important fact that all "science, like all truth, is one." He could therefore, with the utmost propriety, speak of the *unity of science*; but surely this would not commit him to the opinion that chemistry is identical with physics, and that both are identical with biology. Although it is found on comparison that the sciences present fundamental agreements, this by no means implies that the special sciences present no special differences.

The reason that Dr. Pettigrew misrepresents Professor Huxley is probably owing to the fact that he receives his impressions of that gentleman's opinions, not directly from his own writings upon this subject, but from those writings as epitomised by J. Hutchison Stirling, LL.D. But Dr. Stirling has himself fallen into a similar error to the one I am commenting upon, and Professor Huxley has, in his own vigorous language, exposed the fallacy in his essay "On Yeast," which appeared in the *Contemporary Review* for December, 1871. "Dr. Stirling," he says, "winds up his paper with the following paragraph:—'In short the whole position of Mr. Huxley (1) that all organisms consist alike of the same life-matter, (2) which life-matter is, for its part, due only to chemistry, must be pronounced untenable—nor less untenable (3) the materialism he would found on it.' The paragraph," Professor Huxley continues, "contains three distinct assertions concerning my views, and just the same number of utter misrepresentations of them. That which I have numbered (1) turns on the ambiguity of the word 'same,' for a discussion of which I would refer Dr. Stirling to a great hero of 'Aufklärung,' Archbishop Whateley. Statement number (2) is, in my opinion, absurd, and certainly I have never said anything resembling it; while as to number (3), one great object of my essay was to show that what is called 'materialism' has no sound philosophical basis." The ambiguity of the word "identity," and its substitution for Prof. Huxley's "unity," has misled Dr. Pettigrew, as that of "same" misled Dr. Stirling.

I notice that Dr. Beale has already lodged a complaint in your journal against what he conceives to be Dr. Pettigrew's misrepresentations of his views; and I do not think that it would be difficult to show that he is equally unfortunate with regard to the views of Haeckel and Tyndall. I have not got any of Tyndall's works beside me; but I have just read the last chapter of the second volume of Haeckel's "Generelle Morphologie," entitled "Gott in der Natur," and I must say that Dr. Pettigrew's representations of his opinions are misleading. Haeckel contends for the unity of God and of nature. He represents God as immanent in nature, and as acting from within, and not from without; and he regards what we call physical laws as expressions of His mode of action. This appears to be identical with the opinion of Goethe, one which is endorsed by Carlyle in "Sartor Resartus," and is very different from the gross materialism attributed to Haeckel by Dr. Pettigrew.

I am, Sir, yours truly,
JAMES ROSS, M.D.

Waterfoot, near Manchester, Nov. 22nd, 1873.

"LITHOTOMY EXTRAORDINARY."

To the Editor of THE LANCET.

SIR,—The commendatory character of the notice in your issue of Nov. 8th of my recent operation for stone at St. Peter's Hospital evinces kind wish that I should have appeared in London "under more favourable auspices."

It might suffice to inform you that I have for many years pressed upon various hospitals, metropolitan and provincial, the acceptance of my scheme of procedure for making lithotomy speedy and safe, and that in every instance the proffer has been disregarded, evaded, or flatly refused.

In that institution which you say has "never been fully recognised by the profession" I found gentlemen animated by enthusiastic devotion to surgical science, and professional cordiality of the most liberal character.

I received from them a request that I would exhibit my method and peculiar implements before them. I heartily responded by the act of November 3rd, as you have described.

I had no misgivings or doubt of the respectability of an institution founded by my friend Mr. Spencer Wells, supported by a subscription list of a thousand a year, and further approved by a gift lately of ten thousand pounds by an anonymous benefactor.

I have to offer to my medical brethren in particular, and to the world at large, now and for all time, a solution of the greatest problem in surgical science—one that has engaged the attention of surgeons for two thousand years without having as yet been demonstrated.

I have spent half a hundred years in fathoming the principle enunciated by Cheselden, and have not only discovered the reason of his shortcomings, but have supplied the deficiencies of his mechanical appliances.

The practical application of those principles which I may justly claim as my own has issued in successes far surpassing any on record in past or present times. I have brought lithotomy so near to perfection as to have reduced the common average of failures from 20 per cent. to 4 per cent.; and have shortened the period of painful endurance almost from minutes to seconds.

You encourage me to ask the aid of your powerful pen in procuring for me a place where I can broach my scheme under auspices as much more favourable as you can devise. One place there is, of all others, to which I am entitled by every rule of propriety and principle of justice to look—St. Thomas's Hospital.

The lineal descendant, professionally considered, and true heir of Cheselden's genius may confidently claim to occupy the place where his disembodied spirit should be the *genius loci*, and where his great name is professedly cherished and adored.

The pretence that threescore years of age means decrepitude, as practically declared in that hospital, assorts well with the belief that the treasures of wisdom and monuments of skill which only "old experience doth attain," are valueless and nugatory.

My late honoured preceptor, Sir William Lawrence, acquitted himself well in this operation when the snows of fourscore winters crowned his brow; it is possible, therefore, that one not quite a septuagenarian may be not absolutely effete.

The world must surely be in its dotage when it becomes an established principle to "wrong the ancientry," and fix a rule of criticism that would pronounce Harvey a dreamer, Euclid a deceiver, and Solomon a fool.

I fancy myself entitled to choose my own manner of imparting to the world my discoveries, capable as they are of being fixed mathematically, and with precision scarcely less than that of the law of gravitation; and I feel myself at liberty to diffuse the light I have kindled in any other part of the world than that where millions, and millions upon millions, are periodically spent on engines of death and sacrifices to Moloch, and where also high science is synonymous with dry bread.

My last appeal to my country may be through Parliament. A continued rejection of my offer may prompt me to seek some continental capital, or to forsake the banks of the Thames for the Mississippi, and to consign the fruit of my labours to that New World which a great statesman said he "called into existence to redress the evils of the old."

I will ask for space in your next number for this letter, and will look with hopeful expectancy for that liberal and enlightened advocacy which has ever characterised your paper throughout the last half-century of time.

I am, Sir, your obedient servant,

THOMAS GUTTERIDGE, M.R.C.S.

Calthorpe-road, Birmingham, Nov. 19th, 1873.

ON AN EXTERNAL ANATOMICAL SIGN AS A GUIDE TO THE SIZE OF THE TESTES.

To the Editor of THE LANCET.

SIR,—Having for many years observed the remarkable difference in the size of the occipital protuberances in different individuals, as well as the variableness in the size of the testes, it occurred to me that there might be some law by which such differences could be accounted for. Extending my observations over a series of years, and having examined soldiers, sailors, and emigrants, for which my occupation as surgeon of emigrant vessels gave me ample opportunities, and also for the last ten years in private practice, I have come to the conclusion that a large occipital protuberance will almost invariably co-exist with large testes, and *vice versâ*, indicating great vigour of the mind and body or the reverse. Where these are large they point out such as the true phallic propagators of the race and the dominant factors in the struggle for existence. Every variation may occur under this law—e.g., a male with large occipital protuberance and testes may be endowed with great intellect and great vigour of body, and if mated to a female with the same distinguishing characters, the offspring will be powerful and continuous; but if united to a female deficient in these signs of vigour, the offspring will vary—some will be strong and others weak. If both parents have these distinguishing characters small, then the offspring will be deficient. Again, a male may have great intellect with small occipital protuberance, and if mated with a female of great vigour the offspring will vary in physical power; but, as a rule, great intellect with small occipital protuberance is generally deficient in the number of offspring, or else a physically weak one. In examining the head of the gorilla in the Royal College of Surgeons, it will be seen that the occipital ridge and protuberance is enormous, as well as in all the descending species, and I have seen a monkey not more than sixteen inches high with testes bigger than those of the human adult. It can also be followed out in the cock and the sparrow, and in all those animals and birds remarkable for their prolific powers.

Any young enthusiastic physiologist taking up this subject and working it out would be amply repaid for his trouble. I will briefly sum up as follows:—A large occipital protuberance in both sexes indicates great vigour, and a numerous and physically strong offspring; a deficiency on either side, a variable offspring; a deficiency in both parents, a physically weak offspring. A large occipital protuberance and large testes, with deficient frontal development, may be combined with gluttony and sensuality; a large cerebellic development, with low retreating forehead, and small occipital protuberance and testes, indicates brutal sottishness. I have only pointed out in a very unmethodical way some of the facts that have come under my own observation, leaving to those who feel inclined to extend this investigation the further elucidation of the subject. I may remark that the medical man can frequently gain an insight into a patient's sexual propensities, and without giving any offence, by merely feeling this bump—at least, I have been credibly informed of this by several professional brethren to whom I have mentioned the subject; thus, this knowledge is essentially practical. Knowing the value of your space, I have not lengthened these remarks, and, believing the idea to be original,

I remain, Sir, your obedient servant,

Shaw-street, Worcester, Nov. 22nd, 1873. W. STORY.

PROFESSIONAL REMUNERATION.

To the Editor of THE LANCET.

SIR,—As a physician in practice in this town, I beg most emphatically, as far as I am personally concerned, to plead not guilty to the accusation brought by Mr. W. Swain against the consultants in his neighbourhood. I am not, and never have been, in the habit of paying four or five visits for a single guinea fee.

On commencing practice here I made it my business to inquire, from the seniors in the profession in this district, what was the regularly accepted scale of fees for consulting practice.

When I mention, among others, the names of Mr. Whipple, ex-president of the British Medical Association, and the late Dr. Yonge, men whose characters as gentlemen and positions, the former as a general practitioner, the latter as a consulting physician, stand deservedly so high, I am sure my authority will not be called in question by any medical man here.

The following is the scale I found in general use:—

1. In consultation with another practitioner, one guinea, for which a second visit *if required* is given.

2. In attending private patients alone, one guinea, for which fee three visits, including the first, are given.

To these charges I have scrupulously adhered. They are charges sanctioned by long use in the profession, and understood by the public.

Mr. Cutcliffe has certainly a strong grievance against those consultants who, on certain days and at given hours,

are in the habit of giving indiscriminate gratuitous advice—a thing I have never done and never will do.

There is one point not touched on by Mr. Swain (is it because he too offends?) and that is, the habit of all consultants, whether physicians or surgeons, charging for country journeys, when by rail, at the rate of five shillings a mile; and, worse even, as acknowledged by some of our seniors, when the distance exceeds a certain limit, *fixed by themselves*, charging only four shillings per mile.

To alter existing fees is not in the power of consultants, unless general practitioners unite to charge at a higher rate than is usual in this neighbourhood.

I remain, Sir, yours very faithfully,

R. HOGARTH CLAY, M.D.

Windsor-villas, Plymouth, Nov. 24th, 1873.

To the Editor of THE LANCET.

SIR,—Will you allow me space in your journal to corroborate the statement made by Mr. Swain with regard to the practice of provincial consultees. In this town I was in attendance a short time since with one of our so-called magnates, and for more than six visits he never took a fee; and in another case, when he was consulted without my previously being made aware of it, he did not even make inquiries if a general practitioner was attending, though he could have had no doubt of the fact, but took entire charge of the patient. I admit the right that everyone has to a second opinion, but I do consider such conduct as I have alluded to anything but befitting a man who calls himself a consulting physician.

I am, Sir, yours faithfully,

Exeter, Nov. 24th, 1873. T. HAWKINS, M.R.C.S.

THE AMENDED WARRANT.

To the Editor of THE LANCET.

SIR,—Your able remarks on the amended Warrant of the Army Medical Department lead me to direct your attention to the letter addressed to the chairman of the Parliamentary Bills Committee, British Medical Association, by the Under Secretary of State for War. The concluding portion of the second paragraph is specially depressing as far as its obscurity allows one to make it out. We are not, it seems, after all, to have promotion after fifteen years. Thus the one thing to cheer us amid all the recent changes is ruthlessly swept away. I say ruthlessly, for the season assigned is inadequate and absurd. If you can give us, Mr. Editor, a pleasanter interpretation, you shall have our thanks.

As to the "forage" concession, you remark, very relevantly, that those who came in under the Warrant of 1858 do not benefit by the emendation—that is, those who have most *primâ facie* cause for complaint are not listened to.

The last step taken by the authorities is to direct that the medical officer appointed to a battalion for five years is to appear in regimental returns as "attached" simply. Logically, then, he is a departmental officer; in no sense regimental, and therefore in all respects—i.e., in the matters of date of commission, mess, band subscriptions, &c.—he should be considered as such. At present he is a standing anomaly; but the position cannot be long maintained. He must become departmental or nothing. If you will present these remarks to your readers, you will oblige,

Yours obediently,

November 11th, 1873. AN ARMY SURGEON.

A STRANGE STORY.

To the Editor of THE LANCET.

SIR,—Since the publication of my letter a good deal of evidence has been brought to me, besides that of your correspondent "Medicus." There is a slight variety in the details, but all accounts confirm the absolute dumbness of Eli H—— to all male persons for more than thirty years of his life, and his ability to speak to every one immediately on the death of his father. This is, in fact, the point of interest. What influence, through the mother, could have produced an effect which, however long, was only temporary? His father's mere existence made him dumb; his father's death gave him speech. The facts are incontestable. And I have been hoping, and still hope, some light may be thrown upon them by your physiological readers.

I am, Sir, your obedient servant,

Nov. 25th, 1873. T. MAYHEW.

THE ASHANTEE WAR.

(*From our own Correspondent.*)

AT this moment Cape Coast presents a scene of the greatest bustle and activity. The harbour, for the first time perhaps since the good old slave days of our gallant rovers, is crowded with steamers and vessels. The *King Bonny* completed discharging her cargo to-day, and the *Adela*, which arrived on the 28th instant, after a passage of thirty-seven days from England, will begin discharging to-morrow. Discharging cargo here is a very tedious process, owing to the laziness of the natives, and heretofore paucity of surf-boats. This last want remains no longer, as many of these boats came out in the *Bonny*. They would appear to answer their purpose very well.

Since the attack on the rebel villages round Elmina, where, as you no doubt already know, we lost two men (Houssas) killed, and twenty-four wounded, the military population have rested on their oars. Reliable information having been received that the Ashantees had moved from their camp at Mempon, about fifteen miles from here, it was determined to move a small force to the front, and endeavour to intercept or destroy some portion of this extraordinary body of men, who are very constantly heard of, but rarely seen. In the afternoon of the 27th 200 Marines and Bluejackets, under the command of Captains Peile and Freemantle, all the available men of the 2nd W. I. Regiment, Rait's Houssa Artillery, and a nondescript body of native and hired levies, moved on to a village called Ussay-boo, eight to ten miles from Cape Coast, where they encamped for the night, being provided with tents by the Control Department. On the march a Marine officer and four of his men fell out, and, on arrival at head-quarters, were at once sent on board the *Simoon* by the senior medical officer. After a very uncomfortable night, the men rose early and marched for Abracrampa, from which it was intended to attack the village of Assenchee, some six or seven miles to the left of the main road. Starting at 5 A.M. they reached there about 11 A.M., but found the Ashantees had disappeared. They consequently had to return to Abracrampa, where they rested for the night. This day's march was a specimen of what has to be encountered in Africa. After quitting Abracrampa, the column entered a narrow road full of obstructions, in many parts swampy. Through the marshes the men had to wade knee-deep. *In medias res* down came a tropical thunder-shower, lasting for half an hour, and thoroughly drenching everyone. Such are the pleasures of an African bye-path. (The main road, which now reaches as far as Mansu, forty-five miles in length, is much better, and is being very gradually improved under the superintendence of the Royal Engineers.) While the main body under Sir Garnet Wolseley were thus occupied in engaging the attention of the Ashantees along their sea front, Lieut.-Colonel Festing, with a part of the 2nd W. I. Regiment and some native levies, attacked a large camp of theirs in the rear, some miles from Dunquah, completely surprising them, and driving them into the bush. In this attack Colonel Festing, Captains Haynes and Filleter (2nd West), and Captain Godwin (103rd) were wounded; also Sergeant-Major Ryan and four privates of the West India Regiment. The Marines, Bluejackets, and staff have now returned to Cape Coast, apparently none the worse for their bush adventures. These marches are, however, most fatiguing, and only those with a good pair of legs and sound constitution have any prospect of lasting out the campaign. It is quite evident that Sir Garnet will give very little rest to the enemy, who, if we may judge by the prisoners brought in on the 20th inst., are not in a very flourishing physical condition—thin, dirty, and full of cutaneous eruptions. Their force is evidently composed of two classes—slaves and Ashantees proper. The latter may

be known by their better build and curly ringlets; the slaves or dunquas are very evidently an inferior race. In the last raid a woman was captured, the first since the arrival of the Major-General. The wild roots of the forest now constitute a large proportion of their present means of subsistence. They are believed to be suffering very much from diarrhœa and dysentery. Their recent movements were made to get into a new country for foraging excursions.

A word on things medical. All that can possibly conduce to the health or comfort of the troops are being sent out from England. The medical authorities at Whitehall-yard have evidently hit exactly upon those things essential to health. Large stores of medical comforts and provisions have already arrived, and are being housed in wooden huts, twenty-four of which are now erected westwards of the castle, and fronting the beach. Four hospital tents, two of which are occupied by sick of native or hired levies, have been put up opposite the military hospital, a large hired building, capable of accommodating some twenty-five patients. At Connor's-hill a hospital and hospital marquees have been also equipped, so that in this respect the provision is ample for the present strength. All sick officers are at once sent on board the *Simoon*, where they receive the greatest care and attention from the naval medical officers in charge. The *Simoon* is moored exactly a nautical mile from the shore, and by every steamer receives supplies of fresh provisions from England. Colonel McNeil leaves under the charge of Surgeon Connellan for Madeira in this mail. He received a nasty wound of the left wrist; the bullet cut across both arteries, and gouged away some of the flexor tendons. Some eight or ten officers are under treatment on board the *Simoon*, chiefly cases of remittent fever, contracted from exposure to the sun, very probably, and the miasma of the coast. On the whole, the health of the troops and the climate are improving. A Sanitary Committee was inaugurated by Sir Garnet Wolseley immediately upon his arrival. Lieut.-Col. Festing, the first president, having proceeded to the bush, the proceedings are now conducted by the sanitary officer, Surgeon-Major Gore.

As the mail closes in a few minutes I must end. Stanley, of the *New York Herald*, Winwood Reade, Henty, and some other well-known names in the third estate, are actively pursuing their duty as correspondents, and will no doubt soon let you into the mysteries of African life.

Gold Coast, Oct. 31st, 1873.

PARIS.

(From our own Correspondent.)

IN my last letter I mentioned that the Town Council of Paris had voted unanimously, on the presentation of a report sent in by their special committee, that henceforth the administration of the lunatic asylums of the department of the Seine should be carried on by the Préfecture, and no longer by the Assistance Publique. I am now able to mention the three conclusions which wound up Dr. Béclard's report, and which were adopted by the Council. They run thus:—1. The service of lunatics must be subjected to the Préfecture of the Seine, as the lunatics are no longer quartered as formerly in some of the departments of the hospitals belonging to the Assistance Publique, but are now lodged in special establishments exclusively provided for them. 2. A special committee of surveillance (supervision) will be established at every one of the lunatic asylums of the department. 3. In the interests of the perfect execution of the service, the functions of director of the lunatic establishments will be distinct from those of the medical officers attached thereto, and it is to be desired that henceforth these latter may be nominated after *concours* (or examinations by public competition). The reforms aimed at and realised by the report are sufficiently indicated by the above conclusions. The committee included six medical men, four of whom belong to the Town Council (Drs. Béclard, Depaul, Trélat, and Loiseau), and two of whom are well known for their high reputation and competency on the matter (Drs. Blanche and Lassegue). The other members were three councillors and the director of the Préfecture.

The weekly bulletin published by the municipal authorities for the seven days ending November 21st mentions 824 deaths, which is about a normal figure. It shows, however, a slight increase in the number of deaths over the preceding week (November 8th to 14th). The bulletin mentions eleven deaths from measles, which is prevailing in some parts of the town. Scarlatina figures for two deaths, typhoid fever for twenty-two—the same number as the preceding week. Bronchitis and pneumonia are, of course, prevalent, and the list contains 32 deaths from the former and 50 from the latter. The heading of "infantile cholera" has entirely disappeared. Only four deaths from cholera are mentioned. Croup has carried off seventeen victims. Out of the total number of cases 245 are ascribed to acute affections, 356 to chronic affections (157 being due to phthisis), 53 to surgical affections, and 13 to accidents.

One of the Paris journals mentions that the famous *Livre des Machabées*, or register of the Morgue, is about to be lodged in the National Library, where sensational writers, or amateurs of violent emotions, may consult it at leisure. I need not mention that the Morgue is the well-known dead-house, built on one of the bridges behind Notre Dame, and where all the drowned bodies gathered from the Seine are publicly exhibited before being committed to the earth. There is a register at the Morgue, where all the information obtained about the bodies is carefully written out at length, and it appears that some of the histories related are deeply sensational. The flying notes thus written out day by day have recently been collected into several parts, and the whole will be bound, and transmitted to the National Library. No mention is made why the word "*machabée*" should be used for the drowned.

You are doubtless aware that there exist two classes of medical men in France: one, the doctors, or M.D.s, who have gone through the regular curriculum of studies and examinations; the other, the *officiers de santé*, or officers of health, who submit to a limited number of less severe examinations, and are entitled to practise, on certain conditions, only in the department of the provinces for which they have been received. An officer of health who wanted to remove from that special department to some other, was obliged to go up for three further examinations at the preparatory school on which the selected department depended. A recent decree has altered this state of things, which was the more unsatisfactory and vexatious as the three additional examinations were not more stringent than the former, and only constituted a troublesome formality. According to the new measure, only one examination, the last one, will have to be gone through.

Perhaps the following statistics touching the places of public accommodation, styled "urinoirs" here, may not be uninteresting. There exist, it appears, 730 of such for the whole city of Paris. This number includes 40 having the shape of a kiosk, and belonging to the Compagnie des Kiosques, 234 of the same shape belonging to another company, and for each of which the city of Paris pays a yearly tribute of 40 francs, 228 having the shape of stalls or boxes, lit up by gas, and belonging to the town, and about 200 with a central position, and three stalls on each side. This is the newest model, quite recently adopted. It is gratifying to know that the two uncovered slabs of slate so commonly met with at the angles of houses, and which exposed the occupiers to the gaze of passers by will be shortly entirely suppressed. This will be a great improvement both as concerns decency and public health.

An anecdote is given in *Figaro*, stated by one of the journals as being frequently related by the late Dr. Nélaton, and which, though it is scarcely credible, is amusing enough. "I had a client," says Nélaton, "who used to pay me good fees without it costing him a penny. He used to come into my sitting-room very early, so as to be the first arrival. Shortly after there would come in some 'naif' patient, a foreigner, or a provincial. The shaded light of the room, the emotion of the visitor, the grave and easy air of the man, all contributed to cause him to be mistaken for me. He was bowed to respectfully; the case was related with full particulars, when, after a dignified pause, my rogue would exclaim, 'This is a case of no importance; all the symptoms will go away of themselves.' The deluded patient received these consoling words with beatitude, and, leaving a napoleon on the chimney-piece, walked off a happier man. Now the cunning fox was too honest a man

to take the napoleon, but, after consulting me for himself, would place it deliberately in a little bronze cup I had on the chimney, and disappear highly contented with himself." So runs the anecdote. *Si non e vero.*

A committee, specially appointed for the purpose, is now going round the *violons* and police stations of the capital, where vagabonds, drunkards, criminals, and, indeed, all individuals who have to do with the police authorities, are shut up during the night before being transferred, the following morning, to the préfecture de police. It appears that the greater number of these *violons* are dark cells, where the unfortunate occupiers are condemned almost to suffocation during the night or perish from cold. Indeed, a great many suicides have been committed in these holes. An urgent reform is wanted, not only in the rules which govern these stations, but also in the buildings themselves; and, consequently, a committee, consisting principally of medical men, is now busy inspecting them. There are 230 such, which will have to be carefully examined, and a report will then be drawn up touching both the sanitary and moral aspects of the question.

On Thursday last there was a large assemblage at the Church of the Madeleine to attend a funeral service, celebrated for the rest of the late Comte de Flavigny, the eminent president of the French branch of the International Society for Help to the Wounded. The services rendered by Count de Flavigny during the recent war, with unwearied zeal and devotion, cannot be too highly spoken of. He was the very soul of the Society, and through his personal influence and abilities he did much to promote its success and prosperity. Count de Flavigny died only a short time ago on his estate in the provinces, and at a comparatively early age. On Thursday the spacious edifice of the Madeleine was quite filled by a sympathetic crowd of friends, amongst whom were a large number of the medical men who during the war had served in the ambulances under the Society's banner. All the administrators of the Society were present, and amongst them were to be noticed the popular figures of Comte Serrurier, Comte de Beauvoir, Ricord, Demarquay, and others, who so highly distinguished themselves at the ambulance and the administrative work of the Society during the war.

Some medical men were called upon last week to give evidence for the defence in Marshal Bazaine's trial. Dr. Léon Le Fort, M. Poggiale, and Dr. Cruveilhier were asked to relate their experience of the condition of things at Metz from a sanitary point of view. The state of the ambulances, the number of cases of illness, the want of medicines and of proper accommodation for the sick and wounded, were all alluded to as circumstances necessarily pleading in favour of Bazaine. M. Poggiale related how, in the absence of salt, he availed himself with success of the presence of salt in a stream for kitchen purposes.

Paris, November 20th, 1873.

Obituary.

DR. ROBERT MEADOWS,

OF SHANGHAI.

WE regret to have learned, by the last mail, the news of the sudden death of Dr. Robert Meadows, of Shanghai, on September 30th. In the pursuance of his professional duties, and in obedience to the coroner's order, it had been Dr. Meadows's duty that morning to make a post-mortem examination in company with Dr. Macgowan. As is customary in hot climates, the inspection was made before the breakfast hour, and both Dr. Macgowan and Dr. Meadows appear to have been somewhat exhausted by their exertions, which were continued for two hours. Dr. Meadows became so faint as he returned in his boat to his house that he had to be carried to his room, where he took some brandy and water, but without avail, as he rapidly passed into a state of syncope, and died before medical aid could reach him.

Dr. Robert Meadows was a younger brother of Dr. Alfred Meadows, of London, and was educated at King's College, London, holding several student appointments in the hospital with credit to himself. When Captain Sherard Osborne organised an English fleet for the Chinese Government, Dr. Meadows went out as surgeon to one of the men-of-war, and when the expedition collapsed he started in practice at Ningpo. There he made a considerable practice, and married the daughter of General Patrick, of the United States; but having lost his wife suddenly two years ago, he migrated to Shanghai, where he had prospered both professionally and socially, winning many friends by his courteousness and amiability. Dr. Meadows was one of the few Englishmen who by dint of hard work have acquired a thorough knowledge of the Chinese language, and this enabled him to practise among the great Hongs or native merchants with great success. His loss is much regretted by all who knew him, and one of the local papers which has reached us says, "He was of a sensitive and retiring disposition, and an earnest and thoughtful worker in his profession, and latterly he gave valuable assistance at the Hongkew Chinese Hospital." His funeral was attended by nearly the whole of the medical profession in Shanghai and by numerous personal friends. Dr. Meadows was M.R.C.S., L.S.A., and M.D. of the University of St. Andrews.

PROF. H. C. CUTCLIFFE, F.R.C.S.

AT the early age of forty-one, this able, accomplished, and promising surgeon was removed by an attack of œdema of the larynx. The event, as sudden as it was sad, occurred at two o'clock on the morning of October 24th. He was taken ill on the 20th, when, according to one of his colleagues, a violent inflammation of the throat set in. On the 22nd a suspicious-looking patch was visible on the right tonsil, and the soft palate "looking something like a diphtheritic exudation. It never spread, however, and was not really diphtheritic, but a superficial slough, the result of an application of strong caustic solution on the Monday. From the commencement there was marked tendency to œdema, and this rapidly spread to the trachea, and at last into the bronchial tubes, and ultimately caused death. Tracheotomy was performed, but gave little if any relief."

His death is a serious loss to the Medical Department of the Indian Army. He entered the service in May, 1858, and became surgeon in May, 1870. He was a Fellow of the Royal College of Surgeons of England, and acting Professor of Surgery at the Medical Hospital of Calcutta. As an operator he was scientific and skilful, while his popularity as a teacher was the natural result of his careful and effective manner of tuition. He was, says his friend and colleague Dr. Fayrer, "an officer well qualified to uphold the dignity of his service and profession, and, to those who had the privilege of knowing him well, a true and loyal friend. His place will not be easily filled, nor will his memory readily fade in the College where he taught so well."

Nothing can be more melancholy than this by no means isolated case of a young British surgeon prematurely carried to the rear. Work in a climate so exhausting is prejudicial in proportion to the enthusiasm and intensity with which it is prosecuted; and enthusiasm and intensity are just the qualities which men like Professor Cutcliffe display.

> "That eagle's fate and mine are one,
> Who on the shaft that made him die
> Espied a feather of his own!"

says the old English poet; and Professor Cutcliffe perished in the promotion of the very sanitary measures he exposed himself to complete. Brief as has been his career, it was still long enough to leave a distinguished mark on the medical history of Calcutta, and to enhance the regret with which not only his widow and family, but his colleagues and friends saw him suddenly called away.

DR. ROBERT NICHOL.

THIS genial and accomplished practitioner must not be allowed to pass away without some tribute to his life and labours. His studies were prosecuted in London, St. Thomas's being his chosen school; and in 1846 he took the diploma of the Royal College of Surgeons, and in the same year that of the Apothecaries' Company. In 1853 he graduated as Doctor of Medicine at the University of Aberdeen.

He had a strong taste for foreign travel, and accordingly

accepted an army surgeoncy in the Hon. East India Company's service. In that capacity he formed the acquaintance of Lieut.-Col. Macdonald, which was useful to him in many ways. On his return to England he practised for a short time at Highgate, and finally settled down at Camberwell—Camberwell, of which he used to say that he first learned to toddle in petticoats up the Grove, when, nearly fifty years ago, he was the foster-child of Sir John and Lady Pirie, of Champion-hill. Here he rapidly drew round him a large and respectable *clientèle*, to which he was endeared by his unusual skill, his gentleness of manner, and his unflagging play of good spirits. His partner was Dr. Elliott, under whose excellent auspices he had begun his medical studies; and the two practitioners were among the most popular in South London. In society Dr. Nichol was always welcome, and few *réunions* were complete at which his fund of talk, drawn from a wide experience, and his power of repartee were missed. He may be said to have died in harness. On the 14th ult. he complained to his wife of one of his "terribly bad headaches," and had to request his partner, Dr. Elliott, to visit his patients for him. He became comatose as the day advanced, and notwithstanding the unremitting attentions of Dr. Peacock, of St. Thomas's, he gradually sank, until on the Monday morning, at five minutes to one, he passed away. He was buried at Norwood, beside Lieut.-Col. Macdonald, his old Indian companion.

GILBERT LOVE, M.R.C.S.,
OF WIMBLEDON.

MR. GILBERT LOVE, of Wimbledon, whose death took place on October 29th, was born in Tyrone, Ireland, in 1820. He was educated at Trinity College, Dublin, and was about twenty years of age when he came to England. His first professional engagement was at the St. Marylebone Infirmary, where, according to the testimony of Dr. Robert Boyd, the then resident physician, he was particularly attentive to the sick poor. In 1841 he went to Wimbledon, and assisted Dr. James Bright, then in practice there, for about three years. In 1844 Dr. Bright left Wimbledon, and Mr. Love, having obtained his diploma from the Royal College of Surgeons, set up in general practice for himself, and eventually took Mr. Finch (one of his contemporaries at the Marylebone Infirmary) and Mr. Pocklington into partnership. Wimbledon was the scene of his labours for thirty-three years; and during his long residence there he had nearly identified himself with the charitable and social institutions of the place. He was one of the originators of the cottage hospital. Of the high regard and esteem in which he was held at Wimbledon, no more striking evidence can be required than the testimonial he received from his friends and neighbours, accompanied by a cheque for £800.

ALEXANDER DOUGLAS TAYLOR.

ALEXANDER DOUGLAS TAYLOR, who died suddenly at Liverpool on the 19th instant, was born in Limerick on the 17th March, 1811. He was educated at the private school of the Rev. Abraham Jones, of Nutgrove, near Dublin. He was next apprenticed to Dr. Cusack, the eminent physician of Dublin, and ultimately proceeded M.D. at the University of Glasgow in 1837. In the same year he entered the army as staff assistant-surgeon, since which time he served many years in the West Indies. In 1857 he married Maria Theresa, daughter of Major Kirkman, late Rifle Brigade, who survives him, and by whom he leaves issue, two sons. In 1864 he was placed upon half-pay, retiring from the army with the rank of Deputy Inspector-General of Hospitals, and was appointed to the medical charge of the North Fort at Liverpool. This post he retained till the hour of his death, which took place in a cab in which he was returning to his residence after his hospital duties. He had been known to be suffering from aneurism for some time past.

SURGICAL AID SOCIETY.—The annual meeting of this Society was held on Monday last at the London Tavern, under the presidency of the Lord Mayor. During the past year the charity relieved 660 men, 948 women, and 436 children. Subscriptions to the amount of £240 were announced in the course of the evening.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 20th inst.:—

Aitkens, Louis Edward, Knaresborough.
Donaldson, Henry, L.S.A., Hoxton.
Evans, Henry, L.S.A., Croydon.
Farre, Frederick Arthur, Dunstable.
Golcoechea, Francisco, M.D., Trinidad.
Hindhaugh, William, North Shields.
Hughes, Thomas Jones, Dublin.
Hyatt, James Taylor, Shepton Mallet.
Klein, Edward Hughes, M.B. Edin., Demerara.
Knowles, Edmund, L.S.A., Cambridge.
Lambert, John, Leeds.
Lang, Henry Charles, Berners-street.
Lewis, Henry H. D., L.S.A., Drummond-street, Euston-square.
Lovell, Walter Frederick, St. John's-wood.
Maclean, Norman Collier, Blockley.
Parker, William Kitchen, F.R.S., L.S.A., Claverton-street.
Place, Modesto, M.D., Trinidad.
Smith, Rowland Duncan, Chatteris, Cambs.
St. John, Leonard, M.D. M'Gill College, Ontario.
Strang, William Douglas, Penge.
Tootel, Edward, Maidstone.
Tyrrell, Frederick, Harlington.
Webb, Edward Robert, St. George's-road.
Wilson, John Wilcocks, L.S.A., Heigham-hill, Norfolk.

Of the 92 candidates examined on the 18th, 19th, and 20th, 58 obtained their diplomas, 6 passed the examination in Surgery, and when qualified in Medicine will be admitted Members, and 28 failed to satisfy the Court, and were referred to their professional studies for six months.

The following gentlemen passed the first part of the professional examination for the Fellowship of the College on the 25th inst.:—

James Savage, St. George's Hospital; John N. Stone, Dublin; Frederick K. Green, St. Bartholomew's Hospital; Henry E. Clark, Glasgow; Andrew Duncan and William A. Carline, King's College; James Black, John W. Clarkson, and E. Carr Jackson, St. Thomas's Hospital; Arthur Clarke, University College; John Rendall, Guy's Hospital.

Seventeen other candidates were examined, but failed to satisfy the Court, and were referred for six months' further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Nov. 20th:—

Verdon, Henry Walter, Manchester.

The following gentlemen also on the same day passed their Primary Professional Examination:—

Wm. Alfred Edward Hay and Joseph Berridge Richardson, Guy's Hosp.

PATENT MEDICINES.—There were in the last financial year 12,731,753 packet boxes stamped, on which the duty paid for patent medicines was £95,812 19*s.* 7½*d.*

VACCINATION AWARDS.—The following gentlemen have received from the Local Government Board the undermentioned sums for proficiency in vaccination:—Henry Naunton Davies, L.R.C.P. & S. Edin., of Cymer, near Pontypridd, Glamorgan, £52 17*s.*; J. E. Peirce, M.R.C.S. Edin. and L.S.A., Brynmaur District, Crickhowell Union, £47 2*s.* (third award).

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—The new wing of this institution will be opened by E. G. Maynard, Esq., J.P., and D.L., one of the vice-presidents, in the unavoidable absence of the Duke of Devonshire, owing to domestic affliction. The ceremony, preceded by a short religious service, will take place on Monday, December 1st. The additions and improvements effected will make this one of the best provincial hospitals of its size in the kingdom.

BOULOGNE MEDICAL SOCIETY.—The annual dinner of this Society took place on Thursday, the 20th instant, at the Hôtel de Londres. Dr. Perrochaud, the President of the Society, took the chair, and after giving the toast of the evening, proposed the health of "Our English *Confrères*." Dr. Cory returned thanks, and spoke of the high-toned feeling that existed among them, thanking them also for the uniform kindness and consideration which the English doctors had experienced both from their French *confrères* and the pharmaciens of the town. The meeting was most convivial and well attended. The English doctors present were Drs. Cory, Chater, and Harvey.

Medical Appointments.

ANDERSON, Prof. A. G., has been appointed Public Analyst for Poplar, vice Woodforde: £100 for twelve months.

ANDREWS, R. J., M.R.C.S.E., has been appointed Junior Assistant Resident Medical Officer to the Leeds Public Dispensary.

BARROW, A. B., M.R.C.S.E., has been appointed House-Surgeon to King's College Hospital.

BARTER, C. S., M.B., has been appointed Medical Officer to the St. James Lying-in Charity, Bath, vice Tucker, deceased.

BATTERBURY, G. H., M.R.C.S.E., has been appointed Assistant House-Physician to King's College Hospital.

BIRCH, Mr. P., has been appointed Assistant House-Accoucheur to King's College Hospital.

BRAINE, F. W., F.R.C.S.E., has been appointed Chloroformist to the Charing-cross Hospital.

BRUCE, W., M.D., has been appointed Medical Officer to the Ross Memorial Infirmary, Dingwall.

CAMPBELL, W., M.B., C.M., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.

CHUTE, H. M., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Surgeon to the Royal Infirmary, Bristol, vice Smith, appointed a Physician.

CLAY, R. H., M.D., has been appointed Medical Visitor of Plympton House Lunatic Asylum, Devon.

DE LANTOUR, Mr. H. A., has been appointed Assistant House-Surgeon to King's College Hospital.

GRABETT, F. LE MAISTRE, M.B., C.M., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.

HAMILTON, C. W., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Louisburgh Dispensary District of the Westport Union, vice Dwyer, resigned.

HARTLEY, C., M.R.C.S.E., has been appointed Resident Obstetrical Officer to the Charing-cross Hospital.

HARTNOLL, H. T., M.R.C.S.E., has been appointed Medical Visitor of Kenton House Lunatic Asylum, Devon.

HEY, E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Senior Resident Medical Officer to the Leeds Public Dispensary.

HINDHAUGH, W., M.R.C.S.E., has been appointed Resident Medical Officer to the General Dispensary, East Grinstead, Sussex, vice John Dixon, L.R.C.P.Ed., M.R.C.S.E., deceased.

HOMAN, G. W., M.R.C.S.E., has been appointed Physicians' Assistant to King's College Hospital.

HOPKINS, H. C., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Bath Friendly Society, vice Tucker, deceased.

HUTCHINSON, A. C., M.R.C.S.E., has been appointed Physician-Accoucheur's Assistant to King's College Hospital.

JAMES, A., M.B., C.M., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.

JENKINSON, H., L.R.C.P.Ed., M.R.C.S.E., has been appointed Senior Assistant Resident Medical Officer to the Leeds Public Dispensary.

JONES, A., M.R.C.S.E., has been appointed a Visiting Medical Officer to the Guest Hospital, Dudley, vice Smith, resigned.

LAKIN, C., L.R.C.P., L.M., L.S.A., has been appointed Medical Referee to the Pearl Life Assurance Company at Leicester.

M'FADYEN, D., L.R.C.S.Ed., has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

M'FARLANE, J. L. H., M.B., C.M., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.

MACGILLIVRAY, C. W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.

MIDDLETON, Dr. (Strathpeffer), has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

MURRAY, R. D., M.B., C.M., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.

PARRY, T. S., M.R.C.S.E., has been appointed Junior House-Surgeon to the Royal Free Hospital, Gray's-inn-road.

PATERSON, T., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Infirmary, Havil-street, St. Giles, Camberwell.

ROBBINS, H. J., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Aldeburgh District of the Plomesgate Union, vice Hele, resigned.

ROSS, J. H., M.D., M.R.C.S.E., has been appointed Medical Officer to the Brighton and Sussex Mutual Provident Society, vice Pocock, resigned.

ROSS, J. J., M.D., has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

RUSSELL, H., M.B., has been appointed a Resident Surgeon to the Royal Infirmary, Edinburgh.

SAUNDERS, H., M.B., M.R.C.S.E., has been appointed Senior House-Surgeon to the Royal Free Hospital, Gray's-inn-road.

SIMMONS, B., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Dursley Union, vice Bullock, deceased.

SMITH, C. H., L.K.Q.C.P.I., has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

SMITH, F., M.R.C.S.E., has been appointed a Surgeon to the Royal Kent Dispensary for the District of Plumstead.

SMITH, R. S., M.D., B.Sc., has been appointed Physician to the Bristol Royal Infirmary, vice Dr. Beddoe, F.R.S., F.R.C.P., resigned.

SPENCER, W. H., M.B., has been appointed Physician to the Bristol Royal Infirmary, vice F. Brittan, M.D., resigned.

STODDART, W. W., F.C.S., has been appointed Public Analyst for Bristol: £100 per annum, and £50 for laboratory expenses.

SUTHERLAND, A., M.B., has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

TAYLOR, J. W., M.R.C.S.E., has been appointed Resident Medical Officer to the Charing-cross Hospital.

URQUHART, A. J., M.B., C.M., has been appointed a Resident Physician to the Royal Infirmary, Edinburgh.

VASS, J., M.D., has been appointed a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.

WALDO, H., M.D., has been appointed Assistant-Physician to the Bristol Royal Infirmary, vice W. H. Spencer, M.B., promoted.

WILKIE, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Wonston District of the Hampshire Friendly Society.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 23rd inst., at North Lodge, St. Matthew's Infirmary, Victoria-park, the wife of E. J. Adams, L.R.C.P.Ed., M.R.C.S.E., L.M., L.S.A.L., of a son.

EARLE.—On the 23rd inst., at Brentford, the wife of E. S. Earle, F.R.C.S.E., of a son.

GODWIN.—On the 28th ult., at Agra, the wife of C. H. Y. Godwin, L.R.C.P.I., Surgeon Royal Artillery, of a son.

HOLMAN.—On the 18th inst., at East Hothly, Sussex, the wife of Thomas Holman, M.R.C.S.E., of a son.

MYERS.—On the 2nd ult., at Chefoo, North China, the wife of W. Wykeham Myers, M.B., C.M., of a daughter.

RICE.—On the 20th inst., at Sloane-terrace, the wife of M. W. Rice, M.D., of a son.

STEPHEN.—On the 13th inst., at Fettercairn, the wife of W. Stephen, M.D., of a son.

MARRIAGES.

PATERSON—COWAN.—On the 19th inst., at St. Thomas's Church, Upper Clapton, Walter Hugh Paterson, M.D., of Brigg, Lincolnshire, to Mary Agnes, second daughter of Edward J. Conran, Esq., of Templeogue, Dublin.

ROBEY—WRIGHT.—On the 20th inst., at St. George's, Leicester, Ralph Prince Robey, M.R.C.S.E., to Eliza Rebecca Barlow, youngest daughter of Arthur Wright, Esq., of Hobart House, Leicester.

DEATHS.

COATES.—On the 18th inst., at Bournemouth, Geo. Coates, Surgeon, a resident in Bloomsbury for many years, aged 71.

COWARD.—On the 22nd inst., at Dean-street, South Shields, Wm. Coward, M.D., aged 66.

FRITH.—On the 15th inst., G. Frith, M.R.C.S.E., of Nenagh, Co. Tipperary.

LINNECAR.—On the 21st inst., E. H. Linnecar, M.R.C.S.E., of Shenley, Herts, aged 73.

M'MUNN.—On the 16th inst., J. M'Munn, L.R.C.S.I., of Wolverhampton, aged 62.

NOSWORTHY.—On the 16th inst., J. L. Nosworthy, M.R.C.S.E., of Moreton-Hampstead, Devon, aged 68.

SMITH.—On the 20th inst., at Sittingbourne, Kent, Thomas Browning Smith, M.D., aged 64.

TYRRELL.—On the 18th inst., at Crickhowell, Wm. James Tyrrell, M.R.C.S.E., late of the 102nd Royal Madras Fusiliers, aged 34.

WHITAKER.—On the 14th inst., Thos. Harper Whitaker, M.R.C.S.E., of Kirkby Lonsdale, aged 61.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, *Nov. 27th, 1873.*

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radiation in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 9 A.M.
Nov. 21	30·05	S.W.	40	41	...	54	40	...	Overcast
" 22	29·38	W.	52	54	...	58	39	0·20	Overcast
" 24	29·93	W.	45	46	...	53	44	...	Overcast
" 25	30·10	S.W.	41	41	...	53	39	...	Foggy
" 26	29·82	S.W.	52	52	...	55	30	...	Overcast
" 27	29·45	W.	46	47	...	...	45	0·24	Fine

Notes, Short Comments, and Answers to Correspondents.

THE RED CROSS SOCIETY.

THE advantage to a community of its possessing a charitable organisation so skilled in every good work as the Red Cross Society has just been exemplified in Russia, where a Committee of the Society is rendering signal service at Samara in relieving the victims to the famine. The Society is widely spread all over Russia; in every part of the Empire it has branches. At Samara the Committee is composed of ladies, and their inquiries into the origin of the famine have resulted in the conclusion that, Samara being an exclusively agricultural province, the peasants have no means of covering the losses arising from bad harvests.

Paris wants to know whether there is an English translation of the "Traité Pratique d'Anatomie Médico-Chirurgicale" of M. Richet.

A FREAK OF NATURE: A REMINISCENCE OF ITALY.

To the Editor of THE LANCET.

SIR,—The letter on this subject in your issue of to-day reminds me of a female patient whom I saw in one of the hospitals at Ancona in the year 1849. She was a Jewess, about thirty years of age, and had a beard several inches in length. The medical officer informed me that he had seen one or two similar cases in females, certainly marring very materially the beauty of Italian faces, otherwise almost faultless. It is, however, a rare occurrence, and Dr. Wilson's interesting case is well worthy of record.

I am, Sir, yours faithfully,

Chesterfield, Nov. 22nd, 1873. JOHN ROSE, M.D., R.N.

IMPORTANT TO MEDICAL CREDITORS.

Mr. James Tily.—We have before us the case of a claim by Mr. Tily, of Richmond, on one of his patients for £72 8s. 6d. The sum is large; but the patient was well to do, and the amount of professional service rendered was very considerable and onerous, including a bad case of scald, an accouchement under chloroform, and four cases of children with scarlatina, extending over months, three of them "of the worst description, having an average daily temperature of from 104° to 106°," very bad throats, &c. &c. The account being objected to, an action to recover payment was entered in the Court of Common Pleas; but afterwards, to escape the long vacation, it was transferred to the Lord Mayor's Court. The defendant paid into Court £60, and after that offered £12 more, each to pay his own costs. Mr. Tily's solicitor refused, and then, in succession £17 10s. and £20 were offered. This offer was withdrawn, and his counsel agreed to refer the case for arbitration to a medical man. The judgment of the arbitrator was against Mr. Tily, and to the effect that the amount paid into Court was sufficient. He further condemned Mr. Tily to pay the costs of both sides, and the arbitrator's fee, £10. Here comes the caution. The bill for conducting the action, though Mr. Tily acted through the London and County Mercantile and Financial Agency, of which he was a subscriber, was the modest sum of £46 12s. 2d.! This includes half the arbitrator's fee, which it was agreed should be paid by each party in the case. The costliness of such a process is a *reductio ad absurdum*, and carries its own condemnation. But the award is final, and Mr. Tily must submit to it with as much grace as he can. He has dearly bought experience that will not be lost either on himself or his brethren. We have carefully examined his account, and, though we do not admire the way medicines supplied figure in it, and could find objection to a very few items, on the whole, and having respect to the nature of the services and the circumstances of the patients, we think the bill a just and reasonable one, which should have been paid very cheerfully. We should be very sorry to do the work he did for a farthing less than he charged, and we regret that a medical arbitrator was not found to give a different judgment for a more reasonable fee.

W. G., (Honiton.)—The individual's name is not on the Register.

PURPURIC SYMPTOMS OCCURRING DURING THE COURSE OF SCARLATINA.

To the Editor of THE LANCET.

SIR,—The case reported by your correspondent, "B. J. G.," in your last number, page 761, appears to me to have been one of scarlatina maligna with dissolution of the blood, rather than "scarlatina sine exanthemate." The occurrence of purpuric patches in that form of this disease is by no means unknown, and the *rash* is often all but absent or very fleeting in duration. The patches in your correspondent's case are certainly of unusual dimensions.

On reference to my "clinical note-book" I find the following quotation:—"At the Pathological Society, Jan. 17th, 1871, Dr. Broadbent brought forward two cases of scarlatina complicated with purpura. The skin was affected in both cases, also the intestines, pharynx, and heart. The affection had occurred but rarely at the Fever Hospital until the last four months; since that date *six* had occurred, proving rapidly fatal. It began about the fourth day. If life lasted about two days longer, there was a discharge of blood from the mouth and bowels. A similar condition was said to prevail with small-pox just now."—(From Society's Report, published Feb. 4th, 1871.)

Scarlatina has been very prevalent in many parts of England during this summer and autumn, and an unusual number of cases have been of the malignant form. In fact, it is an epidemic in which cases similar to the one described might be expected to occur.

Particulars of the case would be worth recording, especially as to the state of the throat, whether ulcerated or not; the skin, whether *jaundiced* or presenting any other unusual appearance; bowels, whether purged; and also as to the state of the brain, whether there was coma, &c.; and last, but not least, the course of the temperature.

I am, Sir, your obedient servant,

Lynton, North Devon, Nov. 24th, 1873. F. R. F.

Mr. Robert Davies, M.R.C.S., (Gateshead,) asks us to state that, after ten years' tenure of a deputy-coronership, he declines to become a candidate for the chief office—1st, because the salary is insufficient; 2nd, because the cost of election, already too high, falls on the candidate; 3rd, because the responsibility is too great; 4th, because the work is excessively hard; and 5th, because he would have to abandon professional practice were he elected coroner.

K., (Torquay.)—Mr. Lewis, Gower-street; and Mr. Kimpton, Holborn and Wardour-street.

A SECOND-FIRST CLIMACTERIC.

To the Editor of THE LANCET.

SIR,—I venture to think that those correspondents who have endeavoured to solve the expression "climactericus δευτερόπρωτος" have not hit the nail on the head. It is not likely that such an ordinary event as the death of anyone in the 7th, 14th, or 21st year of age would be commemorated in such a marked way. There must have been something about the death worthy of being recorded by the pen of a scholar. A great deal is said in the second edition of "Browne's Vulgar Errors," printed in 1650 (the very year of this inscription), upon "the great climacterical year—that is, sixty-three," which was considered specially dangerous; so that, in his words, it "is therefore expected and entertained with fear, and esteemed a favour of fate to pass it over." It seems probable that the writer of the epitaph wished to commemorate the fact that H. P. had not only "passed over" his climacteric, but reached a second. "Climactericus πρῶτος" (to preserve the expression of the writer) might well mean the "chief" or "grand" climacteric, as it is now more usual to term it; and then δευτερόπρωτος would easily mean the "*second grand* climacteric"—i. e., 126; and H. P.'s attaining to this would certainly be considered worth recording thus.

Your obedient servant,

Rampton Vicarage, Oxfordshire, Nov. 14th, 1873. EDWD. G. HUNT.

Tullius, (Bridport.)—Yes; such formulæ as "Aquæ ad f. ℥ 4" are quite ungrammatical. "Aquæ," being under the government of "Recipe," must be in the accusative (Aquam). The full expression would be, "Recipe aquam usque ad fluidas uncias quatuor." The Arabic in place of the Roman numerals are wrong in a Latin prescription. Better not to use the language of ancient Rome at all than use it inaccurately.

Studiosus, (Broughton.)—Consult the nearest duly qualified practitioner, to ascertain whether the growth be not due to polypus or some other form of tumour.

Dr. Cooper Rose.—If our correspondent will refer back, he will find that the subject of his communication was copiously dealt with in our pages.

THE METROPOLITAN FREE HOSPITAL AND DR. CHAPMAN.

To the Editor of THE LANCET.

SIR,—The emphatic and unanimous censure which the weekly journals have pronounced upon the dismissal of Dr. Chapman from his appointment at the Metropolitan Free Hospital, and especially as to the part which his colleagues have taken in the proceedings, appears to require from each of us, those who did not sign, as well as those who did, some explanation of our individual course.

The first subject of animadversion is that when the whole medical staff were summoned before the Managing Committee, and interrogated individually as to their knowledge of the authorship of the article, "like a group of culprits they, one by one, answered the question." This statement does not contain a fair view of the procedure, so far as it implies our previous knowledge of the matter to be brought forward. It has been the practice at this hospital for the General Committee from time to time to ask the attendance of the Medical Committee at its sittings, on occasions when the latter has made any suggestions or propositions regarding the hospital arrangements. About this period the subject of a more definite arrangement of the beds had several times been mooted; and on receiving my summons to meet the Committee, no particular business being specified, I supposed it referred to this matter, which was indeed the principal subject discussed (saving that of the *Pall Mall* article). The question respecting the latter was put to me by a member of the Committee before we sat down, and being at the time perfectly ignorant respecting it (having only the day before by mere accident seen the article), I answered without hesitation, wholly unconscious that any of my colleagues were suspected, and that serious offence had been taken. The discussion which followed Dr. Chapman's avowal was very warm; but I left the meeting under the impression that no further notice would be taken of the matter, the conversation having turned upon the management of the beds, and the Medical Committee being desired to confer and make some definite suggestions thereon. As to the "lower depth" which "had to be reached by the medical staff," in being "required to meet in Medical Committee, and pass a vote of censure on their colleague," I certainly received no such pressure. Three days after the last meeting I had a notice convening the Medical Committee, but it only stated the following as the "business": "To consider what shall be done in reference to the proceedings of the joint Committee meeting on Wednesday last, and report to the General Committee at its meeting on Friday next." Astute minds may have detected in this notice that something more was "required" than a proposal respecting the arrangement of the beds. I did not, and, having engagements, did not attend the meeting. Had I known that any such resolution as the one passed was to be submitted to the meeting, I should have attended, or, if unable to do so, would have expressed my dissent from it in writing. It was only at the following meeting of the Medical Committee that I learnt the "business" which had been transacted. The subject of the beds had been carried over, and this and other matters, duly announced, occupied us. As it was considered by some of us, however, that Dr. Chapman's question had not been brought forward in a fair manner, it was afterwards proposed that another meeting should be called, avowedly to reconsider the resolution. The notice of this meeting was exhibited in the out-patients' rooms; but no circulars were sent round—at least I received none,—and the issue was that on attending I found two other of my colleagues present in addition to Dr. Chapman. Considering this, therefore, an indication that the remainder were satisfied with what had already been done, it appeared useless to constitute a meeting, which, if unanimous, could only represent the opinions of three individuals (save the one inculpated), and any resolution so arrived at to rescind the former one could only represent the views of a minority, and produce a painful antagonism between the members of the staff.

For my own part, I had stated from the first my opinion that an extreme view and unnecessary offence had been taken by the Committee of Dr. Chapman's article; but no opportunity was given of freely and temperately ascertaining our opinions upon the matter; and without wishing to approve every sentence in Dr. Chapman's article, I feel bound to state that in my view the judgment he received was exceedingly harsh, and the course pursued towards him very impolitic. The profession may possibly consider that those who so judged ought to have done more in advocacy of freedom of speech. I think not under the circumstances. My colleagues who viewed and acted differently in the matter were a moiety, and exercised their right of opinion and action. Whether they were justified in their course, it was not for us, but it is now for the profession, to judge.

I remain, Sir, yours obediently,

HENRY J. FOTHERBY, M.D.,
Physician to the Metropolitan Free Hospital.

Finsbury-square, November, 1873.

*** We see nothing in this letter which necessitates any alteration of the views which we expressed last week. It is to be regretted that our correspondent did not more actively assert his own opinion in favour of freedom.—ED. L.

A Candidate, (North Wales.)—The examinations for the licence of the London College of Physicians are held in the months of February, April, July, October, and December. For information on the other points we must refer our correspondent to our Students' Number.

W. T. W.—Apply to the Secretary.

THE communication of *Mr. Jas. W. Allan* (Belfort Hospital, Fort William) shall be inserted in our next issue.

SURGEON-PURSERS ON BOARD THE AFRICAN STEAMERS.

A CORRESPONDENT calls our attention to some remarks which recently appeared in *The Times apropos* of the vessel which conveyed Sir Garnet Wolseley and his staff to the West Coast of Africa. It was alleged that the accommodation on board the African steamers—some of the newer vessels, however, of both the lines that trade to this coast forming favourable exceptions to the general state of affairs—is unfit for sick and wounded men; that the attendance was bad; that the vessels depended for their trade more upon cargo than passengers, and that the cargo consisted of palm oil collected at different ports on the coast; and it was added that on one of the lines of steamers the doctors had also to act as pursers. With regard to the last point our correspondent states:—

"In some Companies sailing out of this port (Liverpool) many of their experienced and tried medical officers were obliged to resign, promptly refusing to undertake this double capacity, considering it derogatory, many of them being much inconvenienced by the necessity of so doing; but I regret to state that a class of men were soon found to fill the vacant appointments, all of them holding medical and surgical degrees, that one would have thought should have saved them from undertaking a false position, and so little calculated to elevate the status of the medical profession."

Inquisition.—The letter thus signed is couched in such strong language that we cannot publish it until reconsidered by the writer.

FOREIGN BODIES SWALLOWED BY CHILDREN.

To the Editor of THE LANCET.

SIR,—As some attention has been directed through your columns to this subject, the following case may be worthy of record.

J. H. A——, aged nine years, swallowed a halfpenny on the 22nd instant. The child was being sent on an errand by her mother, who gave her the halfpenny, which she (the child) put into her mouth, and accidentally swallowed. The coin becoming impacted in the pharynx, the child appeared in imminent danger of choking; the face became livid, the breathing impaired, and spasmodic respiratory efforts were made. The mother, in her attempts to extract the coin with her finger, pushed it further down, and finding the difficulty of breathing &c. increasing, set out to bring the child to me, a distance of rather more than a quarter of a mile. On the road, however, the difficulty of breathing and pain gradually subsided, and on my seeing the child (about five minutes after swallowing the coin) nothing was observable beyond some little epigastric uneasiness. I ordered the patient to be fed on stiff oatmeal porridge, dry bread, sago or arrowroot.

Nov. 23rd.—8 A.M.: Porridge for breakfast.—9 A.M.: Bowels moved naturally.—1 P.M.: Dinner of thick boiled sago and milk.—5 P.M.: Porridge as at breakfast. Neither pain nor uneasiness complained of during the day.

24th.—7.30 A.M.: Bowels moved naturally.—8 A.M.: Porridge for breakfast.—10.30 A.M.: The bowels again acted naturally, and without pain or inconvenience, the halfpenny being found imbedded in the evacuation.

Yours obediently,
T. O. WOOD, Medical Superintendent.

Dunston Lodge Asylum, Newcastle-on-Tyne, Nov. 25th, 1873.

A Surgeon, (Norwich.)—Will our correspondent favour us with his card. We cannot make out anything corresponding with his written name in the Directory or Register.

Mr. J. S. Henderson, (Dunse, N.B.)—The Newtonian philosophy was taught in the University of St. Andrews before it was taught in any English seat of learning. The teacher was Professor Gregory.

Dr. Fletcher Little's paper has been received.

MEDICAL ETHICS IN ESSEX.

To the Editor of THE LANCET.

SIR,—I was absent from my post for a few days (through severe domestic affliction, having lost three children within a week from malignant septic poisoning), and left an assistant in charge of my practice. A Mrs. R——, an old patient, was taken in labour; my assistant was from home at the time, but soon afterwards returned, and attended the confinement himself. In the meanwhile Mr. ——, a medical man in the neighbourhood, had been sent for, who on arriving met my assistant leaving the house; and, as his services were not required, left without seeing the patient. Eighteen months after this occurrence Mr. —— sends in a bill of two guineas to the husband, worded thus: "For attendance upon Mrs. R. during her confinement." This charge was objected to; but an offer of ten shillings and sixpence was made to Mr. —— for his visit of about a quarter of a mile, and at eight o'clock in the morning. Mr. —— refused this offer, and subsequently issued a summons at the Bow County Court to enforce payment of the before-mentioned sum of two guineas.

I beg to ask you, Sir, and the profession through your valuable journal, whether Mr. —— was justified in charging my patient two guineas for her confinement, when he only went to the door, and never saw the patient at all? There was no contract made or implied when Mr. —— was sent for; so the husband informs me. Your obedient servant,

Buckhurst Hill, November, 1873. FRED. C. CORY, M.D.

A Practitioner of Forty Years' Standing.—The degree is identical with that just conferred on Mr. Disraeli at Glasgow; but not derived from so distinguished a seat of learning.

THE CASE OF MRS. MANN.

THE following has been received on behalf of the above:—

Dr. Pye-Smith ... ... £2 2s.

Dr. Wynter's offer is declined with thanks.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—Seeing a notice in your last impression on unqualified assistants, I beg leave to corroborate the statements therein made. I know of two graduates of Scotch Universities who keep branch practices with unqualified assistants. In one case the assistant has done no studies whatever, and yet the surgeon has his name on the lamp over the door with his own.

Yours, &c.,

Sheffield, November, 1873. VERITAS.

J. W. R., (Wakefield.)—A dentist, *qud* dentist, has no place in the Medical Register, and his styling himself "doctor" is, therefore, no infringement of the 40th section of the Medical Act.

Clerieus, (Appledore, Kent.)—Impregnation is quite possible under the specified conditions.

IN WHAT BRITISH SCHOOL DID SYSTEMATIC CLINICAL TEACHING ORIGINATE?

To the Editor of THE LANCET.

SIR,—I see the above question discussed in your number to-day. The answer depends upon what is to be understood by "systematic clinical teaching." I do not admit that it is the mere delivery of (so called) "clinical lectures" in a hospital theatre to a body of students, the great majority of whom have no distinct recollection of the cases alluded to. I have a lively remembrance of the 12 o'clock visit to the wards of the Edinburgh Royal Infirmary, the mob of students, the crush and rush, the great difficulty of getting near enough the patients even to hear the physician's prescription, much less to understand the grounds and follow the reasoning on which it was based. It was indeed a mere "walking the hospitals" to the great majority of the pupils. The few who had leisure and inclination to visit the wards by themselves, and sufficient elementary knowledge to decipher and study the cases, might and did profit by the great variety of ailments sheltered in that noble institution; but the multitude simply wasted their hour—one, I have always thought, very ill-chosen for hospital visiting.

I consider that the honour of being the first to introduce true systematic clinical teaching is due to my old masters, Graves and Stokes, physicians to the Meath Hospital, more especially to the former, who, I always understood, borrowed his system from the Germans under whom he completed his education. His plan was to portion out his beds into threes or fours, placing each of these small divisions in immediate charge of a clinical pupil, selected solely for diligence and intelligence. The clinical clerk, or house-physician, having selected applicants to fill the vacant beds, and handed them over to their respective ward nurses, immediately after the daily visit was over, the latter reported the new-comers to the pupils in charge. By them the cases were examined, and fully reported in their case-books, their immediate wants being attended to by the resident clerk. The hour of visit was 7 A.M. in summer, 8 A.M. in winter, so that there was plenty of time to do the duty thoroughly and leisurely, in a very different style from the Edinburgh bustle at the busiest hour of the day, with dinner at hand. The physician, on seeing a new patient, called on the pupil in charge to read the case aloud at the bedside. He then supplied any omissions and corrected mistakes by his own personal examination. That done, the next question was, "What is the disease?" If answered correctly, there followed, "What do you propose to do for him?" Did the pupil's suggestions meet approval, he was told to prescribe aloud, while the clerk in attendance wrote down what he dictated. Any errors in selecting or ordering remedies were explained and corrected, diet and regimen attended to, all questions from the surrounding pupils courteously answered, so that every man present had the fullest means afforded him of understanding the case, and the principles upon which it was treated. In this way the wards were gone through, case after case, and the rapid improvement made by diligent students, who took care to read up each disease, and to ask for explanations at the bedside of all they did not clearly understand, showed what systematic clinical teaching really meant, and what it was capable of effecting. I recall with feelings of great pleasure the many mornings spent in the wards of the old Meath, and cherish the most grateful recollection of the invaluable training bestowed on me by my two great instructors. I had the good fortune to be elected their house-physician as the result of a public examination of candidates, succeeding the present distinguished Sir Robert Kane. In that office great responsibilities were gradually thrown on its holder, as the physicians grew more and more in public favour. Many a time has a carriage driven up and carried off Graves before he had even begun the fever wards, when he would say, "You must just do the best you can with them," and vanish. Stokes was much his junior, and with much more time to devote to the hospital. His pupils can never forget his untiring patience, his courtesy and kindness, nor the admiration his skill and tact called forth. The writer is proud to acknowledge that to him he owes in great measure whatever success he has met with in professional life, and he conceives that the facts above related fully establish the claim of the Meath Hospital and its physicians to the honour of first introducing what alone deserves to be styled the systematic teaching of medicine.

I remain, Sir, yours truly,
J. C. CAMERON, D.I.G.

Sugwas Court, Herefordshire, Nov. 15th, 1873.

*** Systematic clinical teaching was first carried on at Edinburgh. According to Professor Sharpey, a Chair of Clinical Medicine was instituted there as early as 1748; while, according to Dr. George Harley, the great Cullen gave prelections at the bedside in 1780.—ED. L.

B. J., (Didcot.)—Mr. Van Praagh at the School for the Deaf, 12, Fitzroy-square, London, W.

W. F. C., (Dublin.)—Judicious exercise.

A PROPOSED STANDARD SOLUTION OF MORPHIA FOR SUBCUTANEOUS INJECTION.

To the Editor of THE LANCET.

SIR,—I believe it is necessary to fix some standard strength for the solutions of morphia used for subcutaneous injection. None such exists at present; consequently anyone beginning to use such a solution must make it himself, and spend some little time in calculating a convenient strength. To obtain a clear solution, without excess of acid, is not very speedily effected, and I venture to think it would be a convenience to the practitioner to be able to purchase from the chemist a carefully prepared solution of standard strength. The advantage would be that, the strength being made uniform, it would simply be necessary to remember the dose in minims of the solution for injection. The following is the strength of the solution used at this infirmary, and it is found to be convenient:—Acetate of morphia, one drachm; distilled water, twelve drachms; acetic acid, q. s. One-twelfth of a grain of morphia is contained in each minim of this solution; the dose, therefore, is from two minims to four minims. Some such formula might be inserted in the next edition of the British Pharmacopœia.

I am, Sir, yours faithfully,

Cardiff Infirmary, Nov. 17th, 1873. CHAS. T. VACHELL, M.B. Lond.

AN EXPLANATION.

To the Editor of THE LANCET.

SIR,—It was only yesterday that my attention was called to an anonymous letter in THE LANCET of last Saturday. I do not at all feel called upon to fight in the press with an antagonist who has not the courage to give his name; but as you in your editorial capacity give approval to the letter by permitting its insertion, I think it only due to you to say that I never asked my portrait to be exhibited at M. Riviere's Concerts; that I was absent from England at the time of its being placed there, and for some weeks afterwards, and that I never called myself F.R.C.S., or by any other title that I do not legally possess, and that I wrote last evening to request its instant removal. On the other hand, while I would not stoop to do either of the things imputed to me, I should have been quite prepared, had your correspondent given his and my name, to have argued whether it is worse for the portrait of an humble individual like myself to be exhibited there than for the photographs of the greater lights of the profession to be exhibited as they are in numberless shop-windows, and notably in one in the Strand, which, although belonging to a medical publisher, is in one of the most frequented thoroughfares of London.—Yours, &c.,

November 26th, 1873. THE SURGEON REFERRED TO.

HABITUAL CONSTIPATION.

To the Editor of THE LANCET.

SIR,—I am much obliged to your correspondents, "Rectum" and Dr. Cory, for their suggestions. The plan recommended by the former has been tried without success; and "St. Germain tea," described by the latter, appears to be merely a form of aperient. I find no difficulty in getting my patient's bowels acted upon by medicines; but I am desirous of trying some plan which will afford a hope of inducing them to act of themselves ultimately. If I knew the proper mode and the most suitable apparatus for applying some form of electricity, I should prefer that to any other means, as the patient is tired of physic.

Hoping that some of your numerous readers will be able to give me the requisite information, I remain, Sir, your obedient servant,

November, 1873. COLON.

To the Editor of THE LANCET.

SIR,—I think if "Colon" would direct his constipated patient to purchase a galvano-magnetic machine, and galvanise himself gently for about three minutes twice daily, applying one pole to the tip of the tongue, and the other to the anus, he would probably speedily recieve him. This failing, I would suggest that he instruct him to syringe the perineum and anus with a stream of cold water at least three times daily. Has he examined him per anum?

Yours, &c.,

November, 1873. NATURE.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Savory, London; Dr. Barnes, London; Dr. Playfair, London; Mr. Teevan, London; Mr. E. J. Adams, London; Mr. Dean; Mr. Kendall, London; Dr. Wood, Newcastle; Dr. Fotherby, London; Mr. Williams, Brentford; Mr. Taylor, Birkenhead; Dr. Eastes, London; Mr. Hickson, Colchester; Dr. Waters, Liverpool; Mr. Allan, Fort William; Mr. Wright, Margate; Mr. Brookhouse, Worcester; Mr. Davis, Gateshead; Mr. Poulton, Cork; Dr. Phillips, London; Mr. Mason, Keighley; Mr. Morrison, Manchester; Mr. H. Smith, Waltham; Mr. Griffin, Hull; Mr. Thornton, Caterham; Mr. Sherer, Wakefield; Mr. Churton, Kettering; Mr. Cottle, Braintree; Dr. M'Lane, London; Mr. J. Atkins, Sidcup; Mr. Bentley; Mr. Coates, London; Mr. Kennison; Mr. Walpole, Lanark; Mr. Harrison, Walsall; Mr. Ashfield, St. Austell; Mr. Horne, Marlborough; Mr. J. W. Roberts, Wakefield; Dr. Fox, Cockermouth; Mr. Stephens, London; Mr. Dunne, Dublin; Dr. Lakin, Leicester; Mr. Beatty, Poplar; Mr. Haynes, Upton; Mr. W. Grant, Canterbury; Mr. Parker, Horsham; Dr. Atkins, Birmingham; Mr. Rose, Haverfordwest; Mr. Hoskins, Burnley; Mr. Hardy, London; Dr. Waldo, Clifton; Mr. Potter, Queenstown; Mr. Blakesley, Woking; Dr. Molini, Milan; Mr. Hitchcock, London; Dr. Rose, Chesterfield; Mr. Law, Liverpool; Mr. Wheelhouse, Leeds; Mr. Seale, London; Mr. Steward, Walsall; Dr. Christy, Leeston, New Zealand; Mr. Spencer, Clifton; Mr. O'Flanagan, Houghton-le-Spring; Dr. Pye-Smith, London; Dr. Smith, Bristol; Dr. Green, Hartlepool; Mr. Cameron, Cheltenham; Mr. Wardell, Bolton; Mr. Shield, Chatham; Mr. R. Williams, Holywell; Mr. Macrae, Dundee; Mr. Thomas, Newport; Mr. Broughton, Watford; Dr. Meadows, London; Mr. J. Maughan, Warwick; Mr. Jones, Margate; Mr. Houston, Barnstaple; Mr. Fox, Maidenhead; Mr. J. P. Massingham, Ripley; Dr. Battye, London; Mr. Holman, East Hothly; Mr. Downham; Dr. Russell, Glasgow; Mr. Haureim, Exeter; Mr. Peirce, Brynmaur; Mr. Boyes, Chester; Dr. Mackintosh, Downham; Mrs. Taylor, Bootle; Mr. Freston, London; Mr. Odling, Ispahan; Mr. Mayhew, Glastonbury; Dr. Ross, Waterfoot; Mr. Burn; Dr. Clay, Plymouth; Mr. E. A. Pigott, Cymer; Mr. Holmes, Pontefract; Mr. Harman, London; Mr. R. Payne, Swansea; Mr. Tunley, Oakham; Mr. Munro, Melrose; Mr. Gutteridge, Birmingham; Mr. Bourne, Leicester; Mr. Miller, Hull; Mr. Handford; Mr. Broom, Sheffield; Mr. Rowe, Bury St. Edmunds; Mr. H. Hickson, Litchfield; Mr. Maskell, Brighton; Mr. Graham, Calstor; Mr. Crowther; Mr. Wallis, Coleford; Mr. Law, Manchester; Mr. Robertson, Glasgow; Dr. Harse, Liege; Mr. Enser, Port Elizabeth; Mr. Little, Liverpool; Mr. Reeves, London; Mr. R. Clayton, Rotherfield; Mr. Hunt, Walsall; F.R.C.S.; An Aspirant; A Practitioner of Forty Years' Standing; W. G.; Clericus; Studiosus; Veritas; Inquisition; Tullius; W. F. C.; Nature; Nil Desperandum; Paris; Colon; Medicus; A Non-Professional Reader; A Medical Officer; W. J. W.; Æsculapius; L.S.A.; K., Torquay; Sigma; Enquirer; A Well-wisher to the Profession; A Surgeon; &c. &c.

Sheffield Daily Telegraph, Carlisle Journal, Isle of Man Times, Liverpool Daily Albion, Hour, People's Weekly Journal, Pontefract Advertiser, Grant College Students' Journal, and *Carlisle Journal* have been received.

Medical Diary of the Week.

Monday, Dec. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting. — Election of President, in the room of the late Sir Henry Holland, Bart.
MEDICAL SOCIETY OF LONDON (11, Chandos-street, W.)—8 P.M. Mr. Malcolm M'Hardy: Preparation of Double Intussusception.—Mr. W. D. Napier: Instruments for the Detection and Removal of Calculus.—Mr. Crippa Lawrence, "On a Case of Intestinal Obstruction from Fæcal Accumulation."—Dr. S. O. Habershon (the President) will make some remarks on "Some Complications met with during the recent prevalence of Rheumatism." — Dr. Wiltshire: "Particulars of a Case of Inflammation of the Sciatic and Brachial Plexuses associated with Articular Rheumatism."—And other communications.

Tuesday, Dec. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Report on Dr. Dowse's Specimen of Foreign Body in the Crico-Thyroid Pouch.—The following Specimens will be exhibited:—Two Cases of Osteoid Cancer of Lung; Lymphoma infiltrating Trachea, Tracheotomy performed twice; Pouches in Peritoneum, giving occasion to Hernia; Thickening of Pulmonary Artery; Sclerosis of the Spinal Cord; Large Abscess of Liver without Ulceration of Intestine; Sarcoma of Omentum in a Child; Rare form of Oxalate-of-Lime Calculus; Necrosis of Lower Jaw; Disseminated Nodular Growths in Liver, with Tuberculosis of Lungs; Leucocythæmia with Lymphadenoma; Imperforate Anus; Ossifying Enchondroma; Renal Calculi; &c. &c.

Wednesday, Dec. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Meeting of Council.—8 P.M. Mr. Tapson: "Note on the Removal of Intra-Uterine Tumours."—Dr. M'Callum, "On a Case of Extra-Uterine Fœtation."—Dr. Routh, "On the Use of Intra-Uterine Pessaries in Uterine Disease."—And other papers.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M.

Thursday, Dec. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—7½ P.M. Special Meeting of Council.—8 P.M. Mr. Balmanno Squire, "On Lupus and its Treatment."

Friday, Dec. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmia Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 6.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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Agent for the Advertising Department in France—
Mess. DE LOMINIE, 208, Rue Grenelle St. Germain, Paris.